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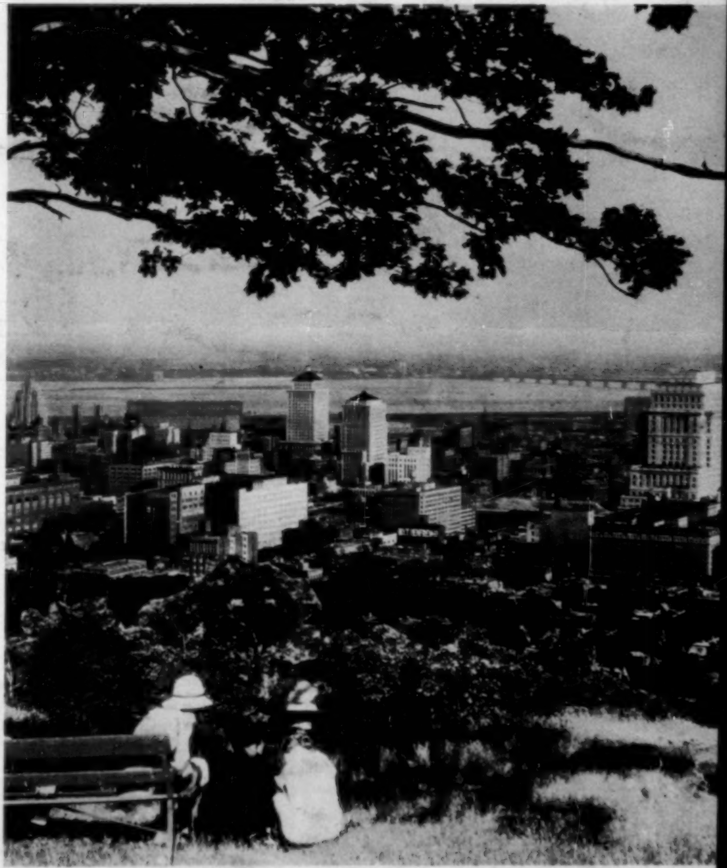
NUMBER 6

JUNE
1942

THE CANADIAN NURSE

Canadian
Nurses
Association
General
Meeting
June 22-26, 1942
Montreal, Que.



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(1) 1939. Canned Food Reference Handbook, American Can Company, Hamilton, Ont.
1938. Commercial Fruit and Vegetable Products, Second Edition, W. V. Cruess, McGraw-Hill, New York.
1937. Appertizing or the Art of Canning; Its History and Development, A. W. Bitting, Trade Pressroom, San Francisco.
1936. A Complete Course in Canning, Sixth Edition, Press of "The Canning Trade," Baltimore.

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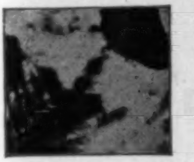
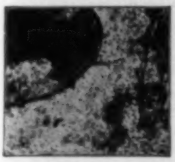
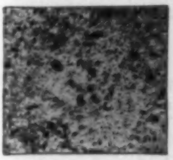


Stool of normal infant fed home-strained vegetables. Some of the food is undigested. Many coarse fibres are also seen.



Stool of normal infant fed commercially-strained vegetables. Here, also, some food has not been completely digested. Note coarse fibres that may cause intestinal irritation.



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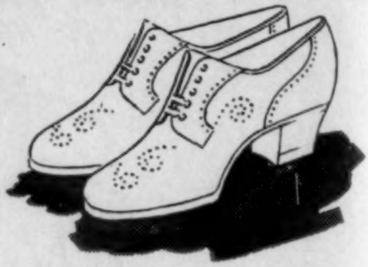

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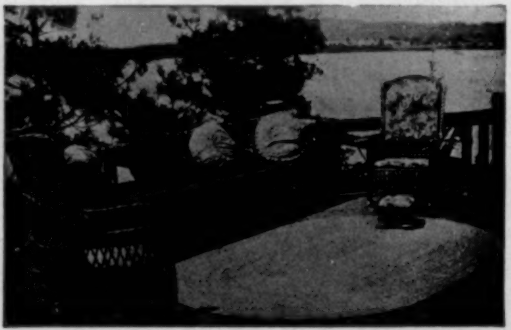

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The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

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Reader's Guide

The general theme of this issue of the *Journal* is leadership and the fundamentals of that difficult art are ably presented by **Marion Lindeburgh** who is herself an authority on the subject. Miss Lindeburgh is well known to Canadian nurses in the capacity of director of the McGill University School for Graduate Nurses and as the author of "A Proposed Curriculum for Schools of Nursing in Canada." The text of her article formed the substance of an address delivered at the annual meeting of the Registered Nurses Association of Ontario.

The need for leadership in the private duty field was presented at the same meeting by **Madalene Baker** and it was evident to all who had the privilege of hearing her that she knew whereof she spoke. Miss Baker has herself experienced the trials and tribulations as well as the rewards of private duty. On behalf of her group, she has striven for better hours and working conditions and has already achieved a large measure of success. Miss Baker not only has the courage of her convictions but is also willing to put them to the test in terms of action.

Blood transfusion has taken on added importance since the outbreak of war and it is necessary that nurses should be thoroughly conversant not only with the techniques but with the scientific principles on which they are based. Under the joint auspices of the hospital and school of nursing section and the public health nursing section of the A.R.N.P.Q., a well attended demonstration was given at the Royal Victoria Hospital by **Dr. David P. Boyd**, Assistant Resident in Surgery, Montreal General Hospital. We are grateful to Dr. Boyd for allowing the *Journal* to publish the excellent address which he delivered on that occasion.

In her capacity as Emergency Nursing Adviser to the Canadian Nurses Association, **Kathleen W. Ellis** tells us more about her fact-finding tour of the Dominion and, in "The Provinces Set the Pace", gives a vivid and heartening picture of the new and courageous projects which are being developed the country over.

The Government of the Province of Saskatchewan has acquired an excellent reputation for progressive policies and methods in the field of public health. **Ruby M. Simpson** describes the nature and scope of the Maternity Grant which has done so much to promote maternal welfare in Saskatchewan. The grant is administered by the Division of Public Health Nursing of which Miss Simpson is herself the director. In recognition of her services in the health field, Miss Simpson was appointed to be an Officer of the Order of the British Empire and, for four years, served with conspicuous success as the President of the Canadian Nurses Association.

A plea for a square deal for the general duty nurse is made by **Annie F. Lawrie** and is all the more convincing because Miss Lawrie has studied the situation from the angle of the director of nursing. Miss Lawrie is superintendent of nurses in the Regina General Hospital. Her article is the substance of an address delivered at a meeting of the Saskatchewan Hospital Association where, it is to be hoped, it did not fall on deaf ears.

An article of unusual merit, written by **Barbara Convery,** appears on the Student Nurses Page. In a footnote her instructor raises an issue which deserves more attention than it usually receives. Comment is invited.

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-EIGHT *NUMBER SIX*

JUNE, 1942

The Fundamentals of Professional Leadership

Marion Lindeburgh, M.A.

The sociologist tells us that no group of people has ever existed which has not been vitally influenced by leadership. If this be true, the conception of leadership is as old as the story of mankind. History seems to support this statement. Records reveal that in primitive community life the chief of the tribe filled a significant role, as leader. As we trace the development of national groups, it becomes evident that great movements and reforms of a religious, social, political and educational nature received their impetus through the convictions, initiative, foresight and creative effort of great leaders.

With this thought in mind, a host of personalities pass before us: we could not fail to recognize a Napoleon or a Wellington, a Pasteur or a Lister; a Luther or a Knox; a Shakespeare or a Milton; a Gladstone or a Disraeli; a Rousseau or a Dewey; a Newton or an Einstein; a Churchill or a Roosevelt. There seems to be no question about the universality of leadership. When we consider the increasing complexity of modern society, and the present general disruption of the world in which ways of thinking and behaving are in a constant state of conflict and change, it is apparent that its function is becoming evermore important and necessary.

We are assuming, of course, that the type of leadership of which we stand in great need at the moment, is not of the kind which is exercised by the autocrat or dictator. We do not need to be reminded of the existence of such leadership; we cannot deny the power of Adolph Hitler, but we denounce both his purpose and his methods. Such leadership as his has no place in the democratic way of life which regards the security, freedom and happiness of the individual as fundamental principles.

The democratic countries entertain no doubts regarding the cause for which they are fighting, for their concept of democracy and democratic leadership is based upon our Christian ideals as these were revealed to the world twenty centuries ago. This character of leadership and its effect upon the people is described by the Psalmist in words which are familiar to us all: "The Lord is my light and my salvation; whom shall I fear? The Lord is the strength of my life; of whom shall I be afraid? Though a host encamp against me, my heart shall not fear; though war shall rise against me, in this will I be confident." The lines contained in the King's Christmas broadcast, which sank so deeply into our hearts, had their appeal because they also typified that kind of leadership, rooted firmly in our Christian faith:

> I said to a man who stood at the gate of the year, 'Give me a light that I may tread safely into the unknown' and he replied, 'Go out into the darkness and put your hand into the hand of God. That shall be to you better than light and safer than the known way, 'so I went forth and finding the hand of God, trod gladly into the night, and He led me towards the hills and the breaking of the day.

So, our ideas of leadership to-day and the characteristics of the desirable leader have envolved from Christian principles and practices. The leader of to-day in many fields of service has a much more difficult role to fill than in previous times, but the principles, essential qualifications and characteristics of leadership have not changed. It is based upon love for one's fellow-man. One who does not sympathize with people, who cannot put himself in imagination into their place, who cannot share the life they live, or deny himself as they are forced to do or suffer with them if they must, is not capable of leading. A leader must be unselfish, thinking not only of the good of the cause but of the welfare of the group. It demands a resolute will, imagination, vision, enthusiasm, determination and courage to go forward. The leader must have faith in the cause as well as confidence in those who follow. The leader in his turn must be a follower of someone else, and by no means the least of his qualities must be a willingness to realize that he cannot be right all the time. "Only the person who never does anything, never makes a mistake."

The task of a leader is not an easy one; it represents hard work and many who aspire fail to achieve their goal because of circumstances which have proved too difficult for them, or because of weaknesses within themselves. Possibly the commonest reasons for such failure are unfavourable personality traits, an inability to inspire and maintain the confidence of people, and an unfortunate adherence to an autocratic instead of a democratic method of approach. Leading is not dictating. We all remember the old adage: "A man convinced against his will, is of the same opinion still." The job of the leader is not to tell while others listen; the leader who fails to listen to those whom he leads misses the essential things he needs to know. How can the leader make decisions for the welfare of the group, unless he listens to their difficulties.

In discussing this question of leadership, it is important that we should realize that it could not exist without followers. It is their accomplishment which is the justification and test of the leadership they have been given.

The leader inspires, stimulates and guides, but he in turn is always inspired, stimulated and guided by the feeling and action of the group, and while he is the leader, at the same time he is seeking to recognize in the group, signs and qualities of potential leadership. Leadership has always been a motivating force in the development of all professional groups. We in the nursing field are mindful of the women who have gone before us, who have guided our thinking and strengthened our practice, who have helped us to retain the spiritual and human aspects of nursing which should distinguish at all times our professional service.

In our effort to meet the challenge of our time, we become more deeply aware of the figure of Miss Nightingale. Her conception of nursing as an art requiring not only skilled hands, but high ideals and a broad understanding of social conditions and human needs, her insistance upon culture and education as essential prerequisites, have served as the rock bottom for the building up of modern standards of nursing education and service. So often it is stated that Florence Nightingale marched ahead of her time, and this statement is a tribute to her imagination and insight into nursing as a profession which should deal with conditions of health as well as illness.

We are grateful too to Miss Nutting and Miss Goodrich for their philosophy and education outlook. They are staunch champions in the cause of nursing education. They have inspired nurses to make the most of themselves because of their firm conviction that the status of a profession is dependent upon the quality of its constituent members and the service which they render cannot be better than that which they are qualified to render. It is not my intention to eulogize the women who have done most for the cause of nursing education in Canada. Like good captains, they took command of the wheel and steered us away from the rocks and out into the open sea. They have gone from the ship, but they have left the compass and the sextant in our hands. We shall not forget their determination to hold the course.

We who are nurses, and no doubt it is the same in other professions, possess a faith that at times of crisis and stress someone will arise in our midst to show us the way. Professional leadership should not be left to chance. The nursing profession has taken the initiative and assumed responsibility in many matters connected with nurses and nursing but have we given the necessary attention to the development of potential leaders. Our future as a profession can be great, but it is uncertain, and our stability and expansion of service will be determined in large measure by the leadership which we develop. Miss Dorothy Rogers, director of the School of Nursing, Presbyterian Hospital, Chicago, has recently said in an excellent article entitled "Vocational Guidance in Schools of Nursing and Nursing Service":

> Every potentiality of individual ability, every unused quality of leadership, every element of strength that our profession possesses, both individually and collectively, must be ferreted out and put to use. Although the task of grooming others for first line duty be lacking in dramatic thrills, it is as essential as bales of bandages and tons of carefully knitted socks.

While every nurse should feel responsible for her own growth, there are many in our ranks who, perhaps because of lack of encouragement or opportunity, have failed to achieve the level of which they are capable. There has been a great waste of human resources in all the professions and nursing has been no exception owing to failure to recognize and develop existing potentialities within our professional body.

What are the sources then, from which, our professional leadership may be derived? We might discuss for a moment the responsibility of our National Association in this regard. It is obvious that no Association can exist apart from the members of which it is composed. Its activities reflect the efforts of individuals and groups who participate. Policies adopted and action taken by the Nursing Council of England and Wales, by the American Nurses Association and the Canadian Nurses Association, since the outbreak of war, represent a necessary process of planning by members of the profession to whose leadership we trust. The stimulation and guidance which are being given at this time by the Canadian Nurses Association through the appointment of an Emergency Nursing Adviser will have inevitably far reaching results. The report which appears in the March issue of *The Canadian Nurse*, entitled "New Ways in Wartime," sets forth important recommendations which should be considered seriously by all the provincial associations. We do not look for immediate results; some of the objectives can only be achieved after a process of careful study and a period of trial.

The Survey of Nursing Education in Canada, published in 1932, served as a powerful impetus to progress and much has been achieved during the last ten years. We are much more able now to diagnose our own weaknesses, and we have high hopes that the recommendations made last September at the Joint Meeting of the Executive Committee of the Canadian Nurses Association and representatives of university schools of nursing, will serve during this time of war as a great challenge for the maintenance of standards of education and service.

If strong leadership is to come through our National Association, and our Provincial Associations too, a heavy responsibility lies upon nominating committees and voting bodies to propose and choose people who are best qualified to fill the various offices. In speaking of leadership through our Canadian Nurses Association, we must not overlook the significance of our national magazine, *The Canadian Nurse*. It serves as a source of stimulation and as a means of interpreting our nursing affairs. No one should fail to subscribe for one would miss a vital source for professional growth. The page entitled *Notes from the National Office* should be reviewed carefully. They are planned to keep nurses informed of the activities of the National and of Provincial Associations.

Let us now consider some fundamentals of leadership in their relation to schools of nursing and the service field. It is important in our modern system of nursing that we should regard posts in administration, teaching and supervision as positions of leadership, and nurses filling them should be carefully chosen and prepared. The duties of the administrator, the teacher, the supervisor, are differently defined but in each case they are responsible for the development and guidance of students and graduates who have less experience than themselves. In other words all executive posts should be considered as opportunities for leadership.

Let us begin with the administrator; what are the opportunities and responsibilities for leadership of the chief administrator? We have in mind particularly superintendents of nurses and heads of public health nursing organizations. Emerson said, "Every great institution is the lengthened shadow of one man". While this statement would be challenged to-day, it does focus the flood-light upon the head of an organization as the source of inspiration and stimulation for the staff. Doctor Weir in the Survey Report describes the evolving role of the administrator in the following words:

> Early administrative leadership in the nursing profession in Canada was largely of an inspirational and religious type. These early leaders resembled reservoirs of emotional and moral energy so fruitful in the overcoming of obstacles that beset the infant profession in the pioneering stage of its development. This stage is not yet past, and while the above type of leadership is still beneficial, if kept within due bounds, there is a paramount need to-day for leadership that possesses not only inspirational qualities, but also educational foresight, sound judgment, and competent administrative and organizing capacity.

This statement was made ten years ago, and if Doctor Weir were writing it to-day he could not express in better terms the kind of administrative leadership which we need at the present time. This statement still holds as a challenge to our Canadian Nurses Association, to Provincial Associations, as well as to all administrators of schools of nursing and nursing organizations.

The traditional administrative practice, whereby the head assumed the supreme prerogative, has been definitely modified by modern educational theory and practice. The successful administrator of to-day is democratic in outlook. She is aware that every member of her staff should and must accept certain administrative responsibilities, and it is her duty to help them to become increasingly efficient. She knows too that the administration of the institution as a whole can be effective only in so far as she is willing to relinquish authority and delegate responsibility to each member of her staff. She adopts this policy because she realizes that those members of the staff who are specialists in their respective fields are better qualified than she is to undertake certain administrative tasks. The democratic administrator has her reward in a sense of real satisfaction when she selects someone and trains her to do something better than she could do it herself.

It is significant and somewhat paradoxical to note that under the democratic system of administration more rather than less is required of the administrator. In one of her characteristic articles, Miss Lillian Clayton states that the successful administrator is a person with an understanding of the principles of education, and she has the conviction to hold fast to principles and the pluck to press on against existing difficulties. She has an outlook, with ability to share her experience with her staff; the patience to deal with imperfections and mistakes, the spirit to be cheerful and hopeful in the face of disappointments, the alertness to recognize progress when it occurs, and the good will to commend when it is merited. She is sincerely interested in the welfare of her staff, and knows them well enough to give them good advice. The administrator should be mindful that the kind of person the nurse is becoming is the important thing in her development. In other words, it is the person within the nurse that marks her as a potential leader.

It is, therefore, a fundamental principle of educational administration that each member of the staff should have some share in setting up objectives, forming policies and establishing practices with the institution, and all should be afforded an opportunity of discussing and contribution to the solution of administrative problems. In this way the head secures the interest, understanding and support of the staff and provides for them the greatest incentive for independent co-operative and creative effort. This process results in the growth and development of all members of the staff, and it should predispose to development of nursing leaders.

That there is a great lack in the professional development of many nurses is shown by their reluctance to take part in nursing affairs, to stand upon their feet and express an opinion, or to offer a voluntary service. Self assurance and spontaneity can only be developed in a staff as a whole by affording each of its members an opportunity to use her initiative, think critically, express her opinions, and to participate in the various activities of the group. The only possible way of teaching people how to lead is to give them practice in leading. We learn best through the process of doing.

It might be asked how best can the administrator make contacts with members of her staff to assist them to further their own interests and their growth. Perhaps the most generally accepted method is that of the staff conference, which serves naturally as an occasion for guidance and the exchange of ideas. It also affords the head an opportunity to recognize the potential qualities of staff members.

Increasing emphasis is being laid upon the need of a systematic staff education programme in all nursing organizations. Quite apart from the educational value to the staff, there can be no question but that the improvement of nursing service results from development of the efficiency of the staff. This applies equally to hospitals and public health nursing organizations. There are difficulties which interfere with the introduction of a systematic staff programme. The pressure of service appears to be the chief problem in bringing the staff together for instruction or conference. Public health organizations have perhaps gone farther in organization for staff education than schools of nursing, judging from observation and articles appearing on the subject from time to time in the professional journals. Because continuous education and development of the personnel is basic to effective service, it is now generally recognized that a staff education programme is an essential feature in any nursing organization.

There is a nursing group, other than the staffs of hospitals and public health nursing organizations, which stands in need of leadership namely, private duty nurses and general staff nurses. We have not thought of this group particularly in terms of potential leaders. Possibly because of the lack of organized educational supervision their potential resources have not been adequately tapped. We must remember that the private duty nurse goes into the homes of people whose attitudes towards nurses and nursing can mean much to our professional status. The good nurse in the home sells nursing to the public in a way no other nurse can do. It is, therefore, vitally important that she should keep up-to-date in general information, professional knowledge, and nursing techniques. She should be encouraged to continue her studies and to undertake refresher courses. The same applies to the general staff nurse. Just how best this may be accomplished is a problem in the process of solution. It is reasonable to hope that organized leadership of this group will evolve out of themselves.

We have so far been dealing with the matter of continuous growth of graduate nurses and the importance of utilizing the best of our professional material for the services that nurses are called upon to render; what about student nurses? Amongst the students who enter our schools of nursing are the leaders of the future. It is surely short-sighted to wait until she graduates to evaluate a student's ability as a potential leader. This process should be commenced when she enters the school, and should be continued throughout the basic course. Teachers, supervisors and head nurses are responsible for the education of students and their leadership is an essential education function. More depends upon the selection, qualifications and personalities of the teaching and supervisory personnel than upon any other factor affecting the development of student nurses. The influence of an inspired, well informed and skillful teacher is the soul and substance of the curriculum. The classroom teacher has an opportunity for testing and evaluating the mental responses of students, and their capacity to do independent and creative work. Teaching is no longer regarded as a telling process, which is likely to paralyze learning; it is in contrast a means of stimulating the student to self-activity in developing new understandings, solving problems, and reaching decisions based upon reflective thinking and sound judgment.

Experience in the classroom is not sufficient for nursing education. It is on the wards, in contact with patients, that students develop the qualities that characterize the good nurse. It is by means of profitable clinical experience that students learn to become self-directed, self-controlled, kindly, co-operative and skillful nurses. Such qualities make for good nursing and they are also characteristic of potential leaders. The head nurse is in the most favourable position to recognize the abilities of students. She can evaluate them in many different ways: by their willingness and desire to give of their best to patients; by their reaction to constructive criticism; their alertness, ability to make patients comfortable; their enthusiasm and foresight; their ability to carry out nursing duties systematically, and so forth. It is necessary that the head nurse should have maturity, special preparation and experience that she may teach effectively, confer with students and evaluate them objectively. The importance of the clinical supervisor as a leader and counsellor of students has not yet been fully appreciated. Miss K. Tucker has said that a supervisor is a teacher, first last and all the time. As student nurses advance in their course, the supervisor, more than any other member of the staff, should be capable of offering vocational guidance to aid students in choosing the field of service for which they are best fitted, and in which, therefore, they will probably be most successful.

I meet head nurses and supervisors who have the right educational outlook and are doing their best to meet the needs of students; but until their administrative load is adjusted in such a way as to give them the requisite time to develop a clinical programme, and for their own preparation, this goal cannot be reached. As increasing emphasis is placed upon the careful selection of students (and we must not lower the standards even in wartime) and when the education programme conforms more closely to standards as outlined in the proposed curriculum, a much firmer basis will be laid for the building of professional leadership in nursing.

In the last analysis, the status of nursing, the achievements of nurses, their professional conduct and their influence upon the public will be determined largely by the quantity and quality of the leadership which is provided. A crisis such as we are now facing is a real test of the stuff of which nurses are made. For those in military service particularly, who will have to make many difficult adjustments, it will be a test of their emotional stability, their ability to maintain professional dignity and poise, to adhere to ethical principles of professional conduct, to maintain the confidence and respect, not only of those whom they nurse but also of those with whom they work. However every person cannot be equally strong, and in fulfilling the functions of leadership, let us remind ourselves that a chain is only as strong as its weakest link and that it is our moral duty to retain a sympathetic attitude and to offer a helping hand.

Miss Nutting, in addressing a group of nurses graduating from the Vassar School during the last war, concluded her address in words which I should like to quote in closing my own remarks:

"The steadfastness with which we hold to a high purpose through trying times, in the fortitude and faith with which that purpose is pursued in the face of discouragement and sometimes defeat, in the sense of responsibility to stand by our work as a captain stands by his ship — in these things is the test of the character and worth of the nursing profession."

The Snively Medal Awards

The Mary Agnes Snively Award Committee is fully appreciative of the extraordinary honour and privilege conferred upon it in this opportunity to formally announce the medal awards for 1942. The reason for this unusual procedure in announcement will be readily understood.

The Mary Agnes Snively medals constitute a memorial to the Founder of the Canadian Nurses Association and bear her name. They are awarded at each Biennial Meeting to nurses who, in the considered opinion of the provincial associations, exemplify in their professional work the lofty ideals and standards of service which characterized the life of Miss Snively. That she may continue to live in the hearts and minds of those who carry on the work she loved and served so ably, is the cherished hope expressed in the ceremony of the presentation of the medals.

The awards for 1942 will bring to twelve the number of Canadian nurses who are privileged in the possession of the honour of the Mary Agnes Snively medal. All are women of distinction who have been unfailing in their loyalties and unstinting in their efforts toward the advancement of nursing education and nursing service. To the list of previous years we now add the names of Grace M. Fairley, Director, School of Nursing, Vancouver General Hospital, and President of the Canadian Nurses Association, E. Frances Upton, Executive Secretary, Association of Registered Nurses of the Province of Quebec, and Eleanor McPhedran, Victorian Order of Nurses, Calgary. Announcement of the selecion of these well known women will be received with pleasure and pride by their associates everywhere. The highest possible tribute is richly merited by them.

Very special felicitations will go to the President, Miss Fairley, as this honour is bestowed upon her at the conclusion of four years of service as chief officer. The unwavering determination, keen foresight, and abounding courage displayed in her leadership during a period of unprecedented world stress, has won for her the admiration of all.

Presentation of the awards will take place on the evening of Monday, June 22, in Montreal, Quebec, on the occasion of the General Meeting of the Association. The presence of all three recipients at the ceremony is anticipated, a fact which will add immeasurably to its interest.

Ruby M. Simpson

Convener, Mary Agnes Snively Memorial Award Committee.

Grace M. Fairley

"We must not think in terms of east or west but rather of what will help to develop nursing thoughout Canada". This was the message sent to the members of the Canadian Nurses Association by their National President in 1938. Nurses in Canada are now privileged to honour Miss Fairley with the Agnes Snively Medal Award. It is a most fitting tribute to the sentiments expressed in this message and the many professional contributions made by Miss Fairley, in which this spirit is reflected.

Born in Edinburgh, Scotland, Grace Mitchell Fairley was educated in that famous centre and truly represents the sterling qualities of the Scot. After graduating from the Swansea General Hospital, Miss Fairley held a number of responsible positions in the Old Country before the spirit of adventure brought her to Canada. In this country, her gifts to nursing and nursing progress have been most signal ones. As an administrator, Miss Fairley's record is an unusual one. She had held positions of outstanding importance in three different provinces, reaching from Quebec to British Columbia. From 1912 to 1929, she served successively as superintendent of nurses at the Alexandra Hospital in Montreal, the Hamilton General Hospital, and the Victoria Hospital in London, Ontario. In 1929 she accepted an urgent invitation to become director of nursing and principal of the school of nursing at the Vancouver General Hospital and still holds this position, with the honour of having recorded the longest tenure of that office in the history of the hospital. In her thirteen years of office Miss Fairley has sponsored many progressive changes at the Vancouver General Hospital; she has reorganized services and departments with true astuteness; she has retained the best of the traditions but infused them with changes conceived out of the wealth of her professional experience.

Miss Fairley is among the limited number of brave women who have faced the problems of administering a nursing service during the two great wars. She has done so with courage and the conviction that it is essential to victory that some should "carry on". She has accepted the responsibility with a deliberate appreciation of what service on the "home front" means at such times, and the cost of giving it.

Miss Fairley's contributions to professional organizations have been unique and varied. She was the first president of the Association of Registered Nurses of the Province of Quebec, and has held a similar office in the Registered Nurses Association of British Columbia. She has filled other executive offices in both Associations, and has been untiring in her support of professional activities. In such developments, Miss Fairley's interest has not been limited to provincial associations; she served as councillor and later as president of the Canadian Association of Nursing Education before this organization fused into the national association; at various times she has held the office of vice-president

GRACE M. FAIRLEY
Photo by Artona, Vancouver

and councillor of the Canadian Nurses Association. From 1930 to 1934, as chairman of the Nursing Education Section, Miss Fairley laid the foundation for many progressive educational developments that have taken form of recent years in Canada. In all her professional relationships, Miss Fairley has shown a breadth of vision, tempered by caution, and an intuition which is the proverbial heritage from her native land. The professional offices held by her have extended outside Canada; from 1916 to 1917 she was vice-president of the American Hospital Association and, at the present time, holds a similar office in the International Council of Nurses. With a true responsibility of citizenship, Miss Fairley has identified herself with many interests outside the profession. She is an active Soroptimist and a past-president of a Soroptomist club. She is also a member of the Women's Canadian Club and other women's organizations in which she represents the high ideals and professional aspirations that she consistently supports.

It is as president of the Canadian Nurses Association and vice-president of the International Council of Nurses that nurses in Canada honour Miss Fairley today. With a fine spirit of leadership, untiring devotion and human understanding, she has guided the activities and destinies of the Canadian Nurses Association through very unusual and most difficult times. Those who have worked with her during the present crisis, realize the demands that have been made upon her since the outbreak of the war. She has become a seasoned flyer in the cause of nursing and, in good weather and bad, has crossed the continent to preside at important meetings. She has done so with graciousness and enthusiasm that have readily infected and inspired others.

It is not necessary to know Miss Fairley very intimately to appreciate her many and rare qualities, including a charm of personality and generosity of outlook that are sustained under the most exacting conditions. Her keen mind travels quickly from one important topic to another with precision and a crispness of thought that challenges most conversationalists. She has a ready wit, and rare sense of humour that has saved many situations. Somewhere in Vancouver there is a delightful retreat to which, at intervals, Miss Fairley threatens to retire. If, and when, she does so, it must be with memories of abundant accomplishment and a trail of honourable tradition, built by a spirit of devotion and courage and faith in the future of nursing, which she offers as her contribution and which present a challenge and inspiration to nurses in Canada and other lands.

— KATHLEEN W. ELLIS

Eleanor McPhedran

Miss Eleanor McPhedran was born in Lambton County, Ontario, and educated in the schools of Strathroy and the Normal School, Toronto. Her professional training was received at the School of Nursing of the New York Hospital, New York, under Dr. Annie W. Goodrich whom she considers the outstanding influence in her nursing career. Following graduation, Miss McPhedran did both hospital and private duty in New York, going to Alberta in 1910 as assistant to the superintendent of nurses at the Calgary General Hospital, which position she held for three years. Then followed a year of school nursing, and a year as Matron of the Ogden Military Hospital. Joining the Canadian Army Medical Corps, she then served overseas at Shorncliffe in England, at Le Tréport in France, and at Rhyl in Wales. She returned to Canada in June 1919, and was appointed Matron of the Belcher Military Hospital. On the opening of the Central Alberta Sanatorium for Tuberculosis in 1920, Miss McPhedran was appointed Matron which position she held until 1935 when she retired. Much too active to stay in retirement she returned to Calgary after a rest at the coast and is now the secretary of the Victorian Order of Nurses there.

Ever generous of her time and effort, far-seeing and with a faith in nurses and in the wisdom of directing their own affairs, Miss McPhedran was one of a very small group to overcome the difficulty of organization in the sparsely settled province of Alberta. Through the efforts of this small group, nurses were eventually organized and placed with other professions under the aegis of the University of Alberta. She was one of the charter members of the Registered Nurses Association, with the registration number of one. Miss McPhedran has been at various times president and secretary-treasurer of the Alberta Association of Registered Nurses and represented the nurses on the Senate of the University for ten years. She served for four years as the nurses' representative on the School of Nursing Inspection Committee set up by the Senate of the University, and also made the first individual survey of the schools of nursing in the province for the Registered Nurses Association. Her experience in private duty, hospital and school work, and her experience overseas gave her a wide understanding of what nurses should know and do. She used the past not as something to hold up as a model but as a guide to better things.

In addition to her nursing interests and activities Miss McPhedran read extensively, played golf, climbed moun-

ELEANOR MCPHEDRAN

tains with the Alpine Club of Canada and is still interested in the Alpine Club from a club-house point of view. She is also an active member of the Overseas Nursing Sisters Association. Miss McPhedran has done nothing spectacular. She has, however, contributed largely towards making nursing in the West the progressive thing it is today. The Canadian Nurses Association, in conferring on her the Mary Agnes Snively Medal, recognizes the enduring value of her work.

—F. Munroe

E. Frances Upton

In selecting Miss E. Frances Upton as a recipient of the Mary Agnes Snively Medal, the Canadian Nurses Association officially recognizes her as one who exemplifies the ideals of Miss Snively. Miss Upton was born in Montreal, and her Irish ancestry endowed her with a sense of humour and a fighting spirit which have helped her through many a difficult situation. She received her early education in Montreal and then entered the School of Nursing of the Montreal General Hospital where she came under the influence of Miss Livingston, who shared with Miss Snively in building the "Snively-Livingston Tradition" in Canadian nursing.

Following her graduation, Miss Upton served successively as superintendent of a private hospital and as acting superintendent of the Montreal Maternity Hospital until, at the outbreak of war, she volunteered for military service and spent four and a half years in England, France and the Middle East. In 1915, she was sent to France on loan to a British hospital and as soon as No. 1 Canadian Stationary Hospital was completed at Wimereux, was transferred there and helped to care for the first gas casualties of the war. Shortly afterwards Miss Upton was sent to the Island of Lemnos, where the sick and wounded were cared for during the ill-fated Gallipoli campaign, and was mentioned in despatches for her work there. After unbelievable hardships, the forces were evacuated to Egypt and a brief respite in Cairo preceded the next move which took her to Salonika for a year and a half before recall to England. From there a six weeks leave in Canada was arranged "without expense to the public", as the order read. While in Canada, Miss Upton was gazetted for the Royal Red Cross, and the day after her return to England she was summoned to the investiture at Buckingham Palace.

Her next move was to Hastings, and, when the Armistice was signed, she was serving at Bramshott Camp where the influenza epidemic was raging. She returned to Canada in 1919 but a recurrence of malaria, contracted in the Near East, sent her to hospital, and it was not until early in 1921 that she was again fit and ready for duty. At that time she became superintendent of nurses at the Sherbrooke Hospital where she reorganized the nursing service, and initiated a sound educational program.

In search of new worlds to conquer, Miss Upton entered the School for Graduate Nurses at McGill University and received the certificate in administration in schools of nursing and then returned to the Montreal General Hospital where she became assistant in the training school office. Then came another major undertaking in which she created a tuberculosis sanatorium out of the temporary soldiers' hospital at Ste. Agathe, gathered a nursing staff and, in six weeks, was ready to admit patients. Three weeks later she established the first tuberculosis course in Canada for graduate nurses.

In 1929, Miss Upton was persuaded to leave her beloved Sanatorium to undertake the task of organization for the International Congress of Nurses held in Montreal in July of that year. Her work for the Congress Committee led to the discovery of her organizing ability, and in September she assumed the office of executive secretary and official school visitor for the Association of Registered Nurses of the Province of Quebec. After demonstrating the need for adequate office accommodation and up-to-date methods of keeping records and files, she then turned her attention to the all important work of raising standards of nursing through better administration of nursing schools, and more effective educational programs. The situation was made more difficult by the fact that the nurses of two language groups had had little encouragement to work out their problems by joint action. The fact that she was able to speak both languages, and her willingness to see the point of view of both groups, made it possible for her to make an outstanding contribution. In her visits to the schools, she strengthened the hands of many a superintendent and instructor, giving them the courage to go forward. Not long ago, one of her French-speaking colleagues remarked, "No other person could have done for us what Miss Upton has accomplished in ten years."

In addition to provincial and national responsibilities, Miss Upton has also been a loyal member of the Alumnae Association of her own School, but perhaps one of her greatest achievements has been her service to the School for Graduate Nurses of McGill University. When the depression threatened to close the School in 1933, Miss Upton kept the door open by sheer determination and hard work when faint hearts were ready to acknowledge defeat. For five years she rallied the graduates of the School to its support, and for a further five-year period, spurred them on to secure the necessary funds from public-spirited citizens.

E. Frances Upton

British to the core and ready to fight, and fight hard, for a just cause, passionately devoted to nursing and the highest ideals of the profession, Miss Upton has earned for herself a very special place in the affections and esteem of her fellow nurses. The nurses of Quebec are proud of this well deserved honour to be bestowed upon Frances Upton, and it is fitting that the award should be made in Montreal, the city of her birth.

— Mary S. Mathewson

Blood Transfusion

David P. Boyd, M. D.

Through the ages biologically minded alchemists have dreamed of infusing youth into the aged and health into the ailing by the transfer of blood. However, no record is found until 1492 when large amounts of blood were removed from three youths and administered to Pope Innocent VIII. The three donors and the Pope all died, the Pontiff outliving the unhappy youths by several days. It should be added that there is considerable doubt in the minds of medical historians as to the actual occurrence of this incident.

In 1628 William Harvey gave to the world his immortal work "De Motu Cordis" in which he described the circulation of the blood. The enunciation of this supremely important discovery made blood transfusion for the first time feasible and it was not long before experiments were being recounted. Thus we learn from Mrs. Samuel Pepys (who, like her famous husband, kept a diary and who had been to the country to escape the plague raging in London), that some friends had successfully transfused the blood of one dog into another. The man whose name is associated with this first authentic blood transfusion is Richard Lower and it took place outside London in 1665. A few years later a Frenchman (Jean Denys) repeated this experiment and subsequently transfused a man with the blood of a sheep. However, as was inevitable when the operation began to be practised more widely, numerous deaths occurred so that finally the government of France was compelled to entirely prohibit transfusion. Thus transfusion slumbered for over a hundred years.

During the first half of the nineteenth century we read of occasional attempts in England and by 1850 a modest series had accrued. However the introduction of intravenous saline in 1875 with its ease of administration and ready availability and safety placed transfusion again in the background, this time for a quarter of a century. Three factors handicapped these pioneers: the tendency of the blood to clot as soon as drawn; the incidence of infections in donor and recipient, because transfusion in those days was a surgical operation; and finally, a post-transfusion syndrome ending in death which we now know to be caused by incompatible blood.

Toward the end of the last century, the science of bacteriology, long in its infancy, began to mature and with the new knowledge came the means of preventing and treating infections. Moreover, in 1901 Landsteiner showed that the bloods of different persons were biologically different, and warned that fatalities might occur from unmatched blood. Jansky in 1907 and Moss in 1910 described the four groups of human blood. Thus two of the obstacles were overcome but the problem of rapid coagulation of drawn blood remained. In 1916, when the first transfusion was done at the Montreal General Hospital by Dr. C. K. P. Henry, coagulation was prevented by receiving the blood into paraffined flasks. Two years later sodium citrate was first used in that institution and the problem of clotting was largely solved. The most important recent contributions to transfusion therapy have been the development of the blood bank and blood substitutes, and the introduction of closed systems for taking and giving blood.

The composition and functions of blood must ever be borne in mind if therapy is to be most effective. Blood is a living tissue consisting of 45% cells and 55% fluid or plasma. The red blood cells are concerned chiefly with the carriage of oxygen, the white cells with defence, and the platelets with coagulation. The plasma contains proteins which are concerned with maintenance of the blood volume and pressure with nutrition.

The indications for blood therapy have been greatly expanded in recent years but haemorrhage and shock remain the most important. The haemorrhage may be acute, as in massive haematemesis or ruptured ectopic pregnancy, or it may be chronic as in malignant disease of the bowel or genital tract. Shock may be simply if inadequately defined as a tissue lack of oxygen due to reduced blood volume and pressure. In severe trauma or burns large amounts of plasma are poured out of the blood stream at the site of the injury. Thus there is not enough fluid left in the blood vessels to maintain blood pressure so the tissues are starved of oxygen. This starvation aggravates the disturbance by paralysing the small blood channels thereby causing further loss of plasma. Thus a vicious circle is set in motion. Blood is freely used in jaundice to prolong the coagulation time, although other means of achieving this have lately been discovered. Severe and chronic infections and blood dyscrasias are also indications.

Of great interest today are the substitutes for blood. However, it may be safely said that there is probably no entirely adequate substitute for freshly drawn human blood. A few of the substances used will be mentioned with comments.

Saline and Glucose Solutions: These agents are of next to no avail in severe shock and haemorrhage because they are poured directly out of the circulation and thus have only the most transient effect on the blood volume and pressure. In fact it has recently been emphasized that saline and glucose may even wash out good protein and thus aggravate the condition.

Gum Acacia: This material, because of its specific gravity, was thought to be a logical substitute for the proteins of blood. The high incidence of reactions, its persistence in the body and other deleterious effects have well-nigh placed acacia on the shelf of disuse.

Ascitic Fluid: Concentrated fluid tapped from the peritoneal cavities of patients with hepatic cirrhosis and heart disease has been tried with favourable results but the supply is limited.

Protein Derivatives: These have been suggested with the idea of stimulating the body to manufacture its own protein in an emergency fashion. Conclusive reports are not yet available.

Blood Plasma: If the cells of blood are allowed to settle the remaining fluid is known as plasma. This fluid maintains the blood volume and pressure by virtue of its proteins. If properly prepared and diluted, plasma can be stored for months as a liquid and if frozen or dried to powder can be kept for years, always readily available. Reactions are unusual and since it contains no cells it does not have to be grouped. Thus plasma is an ideal emergency substitute for whole blood.

Blood Serum: If blood is allowed to clot, the clear yellow fluid remaining after retraction of the clot is called serum. Serum has all the advantages already mentioned for plasma, indeed it is even more durable in storage, but reactions are more frequent than with plasma.

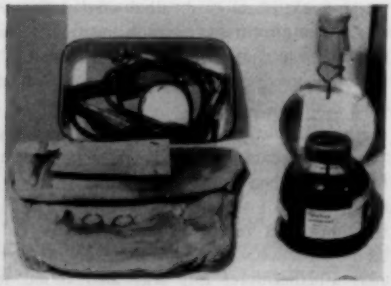
Animal Plasma (fractionated): Recently a new and exciting chapter was opened in this work when it was found that if a particular part of the plasma protein (globulin fraction) was removed, the remainder (albumin fraction) was entirely free of toxicity. Furthermore, this was also found to hold true to a great extent when animal (bovine) plasma was transfused into man.

This is surely the most promising advance of all since, unlike human plasma, bovine plasma would be limitless.

Citrated Bank Blood: This is widely used as a substitute for fresh blood. Opinions vary as to how long blood should be stored and what it loses thereby. At the Montreal General Hospital, blood which is not used after one week is converted into plasma. Other institutions vary from forty-eight hours to three weeks. The white cells, platelets and prothrombin of blood are probably all lost after a few days. Thus in the treatment of jaundice and severe infections fresh blood is desirable if not essential. However, the red blood cells retain their oxygen carrying power for over a week in the refrigerator, and it is said that 70% of the red cells are alive in the recipient's blood two weeks after a transfusion.

Placental Blood and Cadaver Blood: Practical considerations, such as high incidence of contamination and limited supply, prohibit widespread use of these potentially useful sources of blood for banks.

It is a sound clinical principle to prescribe all therapeutic agents with the greatest care and never haphazardly. The dangers associated with blood transfusion are few but very real, and perhaps the first to consider is the transmission of disease. In actual practice syphilis has been the worst offender, but it has been almost entirely eliminated by routine flocculation tests of all donors at the time of the grouping and cross-matching. It is true that there is a period in luetic infection when the Wassermann reaction is negative but this is short and there are less than two dozen reported cases of transmission with a negative serology.



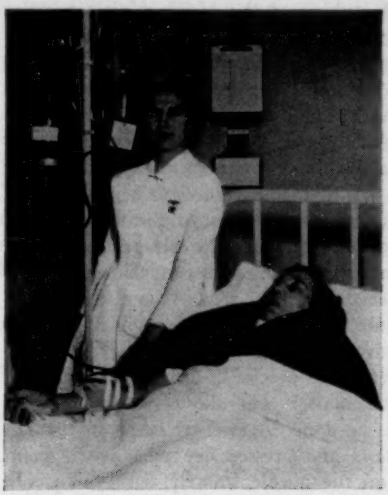
Equipment for transfusion

A second danger in transfusion therapy is that of "reaction", a designation covering a variety of phenomena usually classified as febrile, allergic and haemolytic. The commonest are the febrile reactions which are due to the presence of foreign proteins in the apparatus. Supremely important as are the body's own proteins, yet the organism does not take kindly to proteins from other sources. These contaminants (which are called pyrogens) are most frequently from new or inadequately cleansed rubber tubing or other apparatus. The body's response consists of fever and perhaps a chill. These reactions subside spontaneously in a few hours, being aided by internal and external heat. The allergic reactions, which take the form of an urticaria, are responses to antigens in the donor's blood and are best avoided by using fasting donors who have no history of allergy. The urticaria responds well to epinephrine.

The reactions due to mismatched blood are the most serious, although rare. Transfusion of incompatible blood results in a widespread clumping of the red cells. These masses plug the small vessels of the kidneys, distend the capsule of these organs and so cause backache. Backache in the course of a transfusion then, is an ominous symptom. Other early signs and symptoms are chills, dyspnoea and collapse as shown by a rising pulse and a falling blood pressure. If the kidney is able to excrete the broken-down haemoglobin the patient recovers; if not, a uraemic state supervenes. The clumps of red cells undergo haemolysis in the blood stream and jaundice appears. While the fault in this case is with the laboratory, yet careful supervision by the attending nurse may save a life by stopping such a transfusion at the first sign of trouble. The conscientious and efficient nurse will watch the recipient especially carefully during the early part of the operation, keeping her finger on the pulse and enquiring of the patient as to backache or oppression in the chest. Such a reaction is treated by immediate cessation of the transfusion, diuresis by glucose-saline, heat to the kidney region, alkalinization of the urine and sedation.

Before proceeding to our final topic which is the technique of transfusion, mention might be made of the blood bank. The first bank on this continent was opened at the Cook County Hospital in Chicago in March 1937 under the direction of Dr. Bernard Fantus. The idea, however, is not new having been considered during the first World War and long planned by Dr. Fantus and others. The numerous problems of a blood bank are greatly simplified by centralization of responsibility. The latter includes the keeping of donor records; checking of the serology, bacteriology, grouping and cross-matching of stored blood; and conversion into serum or plasma after the whole blood is too old to use.

As indicated above, a recent advance of great importance in haematotherapy is the development of closed systems for transfusion work. Generally speaking, 500 cubic centimetres of blood are drawn from the arm vein of healthy, young, adult, Wassermann-negative males into a closed flask which contains sodium citrate. In the past few years females have been used more and more without undesirable effects. Frequently the flask which is used is a partial vacuum and the blood is drawn from the donor by the negative pressure. The attending nurse is responsible for securing the donor's written consent, for gently swirling the flask as the blood is being drawn, and for making out the payment slip for professional donors. She will insist that the donor lie still for a time after the phlebotomy and be prepared for the occasional instance when the hospital atmosphere and the operation prove too much for a sensitive person. Studies of haemoglobin levels have shown that it takes over six weeks to completely make up 500 c.c. of blood so donors should probably not be used more often than four times a year.



Transfusion in progress

The technique of administration of the blood is very simple and is illustrated by the photograph. The small dark flask is the one mentioned above which has now been inverted and the blood is being given to the patient. Attention is called to the "drip" mechanism just below the blood flask. This is a device for regulating the speed of the transfusion. It also contains a filter so that small particles of clot do not enter the blood stream. It will be noted too that the tubing of the recipient set takes the form of a Y and that, attached to one arm of the Y, is a flask of glucose-saline.

What is the function of the attending nurse during this stage of a blood transfusion? Emphasis has been placed on the observation of the patient. This is of first importance. The nurse will also observe the site of the venipuncture from time to time as a large haematoma may be troublesome and unsightly, especially in the arm. When the procedure is over the nurse will frequently have to remove the needle. If veins are few and precious, proper technique in this matter will allow many punctures to be done. A swab is taken in the left hand and pressed over the needle point and the needle smartly withdrawn. On no account must the pressure on the swab be relaxed for one or two minutes. This simple but invariably neglected step prevents leakage of blood from the puncture into the perivenous area with subsequent scarring and loss of the vein. In a jaundiced patient the pressure may have to be kept much longer. Finally, the nurse will herself attend to or be responsible for the cleansing of the apparatus. Reference has been made to the importance of this in the prevention of pyrogen reactions. The tubing and other parts must be taken apart and thoroughly flushed with running cold water. This must be done immediately the transfusion is completed. It is useless to spend large sums on elaborate pyrogen-free flasks if this elementary step is not attended to. Thorough cleansing of the tubing in combination with the use of a closed system for intravenous therapy as illustrated has reduced the incidence of reactions at the Montreal General Hospital.

Before closing this resumé of transfusion therapy one should pause to reflect on the courageous pioneering which has brought our knowledge to its present state, imperfect as it may some day appear. Years and even lifetimes have been dedicated to the elucidation of the facts which we have passed over so briefly. The future will doubtless witness an increasing degree of safety, usefulness and convenience in the transfusion of blood and its substitutes.

The Canadian Dietetic Association

JEAN M. HOLDER

Today marks an epoch in the history of the Canadian Dietetic Association for you have given us, your professional sisters, the privilege of making ourselves known to you. As an organization we are so young and have so many benefits to reap from your experience. It was through your splendid lead that the Canadian dietitians decided to form a national organization the aim of which is to promote, encourage and improve the status of dietitians in Canada. We define dietitian as an executive officer directly responsible to the superintendent, with sufficient authority for the proper administration and control of the entire general and scientific food services as well as the nutritional education of patients, nurses, students and personnel. The qualifications for membership in the Canadian Dietetic Association are a bachelor's degree with a major in foods and nutrition from a university or college of recognized standing, approved by the Canadian Dietetic Association; a post-graduate course in hospital dietetic administration from a hospital approved by the Association for that purpose; at least three, preferably five, years successful experience in a position of responsibility.

Never before has public health been of such importance to the nation. We consider that our two professions, so closely bound in this field, can do much to help our own people, remembering that diet cannot always cure what it most certainly could have prevented. Our need for nutritional research is great but not half as great as the need for making the principles of nutrition function in the lives of the people to enable them to fight the added strain on the nerves that wartime always brings. Today every British housewife is forced, through rationing, to plan well-balanced nutritionally-sound meals — and never before have Britons been healthier.

The Provinces Set the Pace

Recent experiences of the Adviser have included a welcome back to Western Canada. Visits in the western provinces have indeed been encouraging, and contacts with our National President, and many others, have been a source of real inspiration. The last progress report of the Emergency Nursing Adviser ended in a snow drift, but since then winter has departed, somewhat reluctantly on the prairies it is true. The crocus and the meadow lark are out again—spring has come—a spring that with its peculiar responsibilities and tremendous problems in the offing, would be overwhelming if nurses were not somewhat prepared to meet them. There is no doubt that nurses throughout Canada have become very conscious of their special professional obligations at this time. They are not only anxious to take a hand in the present conflict but are most ready to accept responsibility for the future of their profession and to look ahead so far as it is possible to do so. Is it not true that the Joint Meeting, held in Montreal in September 1941, did much to foster this feeling?

If it were possible to touch each province today long enough to see what is going on among professional groups, some of them quite small, one would be impressed by the fact that the profession as a whole is very conscious of its obligations. At the time of the C.N.A. biennial meeting in Montreal, the provinces will tell their own story either through their individual reports, or by their contribution to the report of the Adviser, or both. It is, therefore, the intention now to cover developments with more general statements of what is happening and to leave further identification to the provinces themselves. Many developments are still in the formative stage and, in some instances, cannot be wisely reported upon. With the swiftly changing scenes of today it is difficult to be the mouthpiece for nine provinces, not all very communicatives ones, so the writer asks indulgence if some omissions occur. The highlights at least will be included, and they are encouraging. They fall into two classifications, as do the recommendations that resulted from the Joint Conference: (1) the graduate nurse;

(2) the student nurse. Emphasis is placed on their preparation for living and for service, now and in the future, and it is in this light that we propose to review developments.

With respect to the graduate nurse, there is a variation of opinion in the provinces regarding most facts; but the need for nurses with special preparation is not one of them. From the interim reports that have been received, there is no doubt that interest in postgraduate work has been stimulated; there is every evidence that in most provinces the enrolment for September will be increased. Several universities have declared their willingness to extend facilities to take care of any increases, if this is necessary, and the reorganization of courses to meet present conditions is being thoughtfully considered. Special studies are being made of postgraduate courses in nursing specialties, as for example the postgraduate courses offered by the School of Nursing of the Royal Victoria Hospital, which are described in the April issue of *The Canadian Nurse.*

The present picture very definitely suggests that increased financial aid will be available for those who wish to make use of it. In addition to the loan fund of the Canadian Nurses Association, most of the provinces are offering similar help in a more limited form. With this encouragement it is impossible to think that nurses will not accept their share of the responsibility in preparing themselves for special work. Therefore, their attention should be continually drawn to the fact that *there is a great need for nurses with special preparation* both in the hospital and in the public health field. These opportunities are calling nurses to them.

Circumstances themselves have improved the status of the general duty nurse and reports from many provinces indicate an improvement in working and living conditions and salaries. But there must be further improvement before a just appeal can be made to nurses to "stay put" in order that nursing service may be stabilized, and the ever-increasing problems of the hospital administrators somewhat relieved. In most instances, hours of duty, salaries, vacations and assignment of duties on an impersonal basis seem to be irritating factors for the general duty nurse. It is suggested that the time has arrived when a basic salary schedule and minimum standards for all institutional nurses might well be set up. In some provinces the suggestion has already been accepted that this important member of the nursing profession be known as the general staff nurse — "stabilization" and "staff" at least begin with the same letter!

A program for in-service education for all staff members is being widely studied. The institute, with the instructor shared between two provinces, was referred to in a previous report. To Miss Ida MacDonald, assistant professor of nursing education at the University of Minnesota (and to that generous institution) two provinces are already indebted for a splendid contribution. It was an inspiring experience. Other provinces will no doubt follow suit.

So much for the rights of the general duty nurse. Let us turn the page and look at the other side of the picture — the side that includes the special service that the private and general staff nurses are going to give as their contribution in the present crisis. One would merely draw attention to what is being done by the private duty nurses in California by way of staff replacement, as described in the March issue of *The American Journal of Nursing*. Its significance will not be missed. It offers a challenge, or shall we say a suggestion, to nurses in Canada. In the stabilization of nursing service the nurse must take her part. Very certain it is that only by united effort and co-operative action — cohesion and co-action not coercion — on the part of all those who are contributing to the care of the sick and community welfare, can we hope to meet the needs of the people in these momentous days. They present opportunities that, if neglected now, may not come again. The necessary unity can only come with a just division of responsibility. Nurses cannot bear it all alone, nor can administrators accept the full burden.

A fleeting contact in the nine provinces does suggest that there is need for a joint study by all groups, including boards of directors, doctors, welfare workers and nurses. An interesting suggestion is contained in a recommendation formulated in one province, that each branch association of nurses should form a committee in its locality having medical, nursing, hospital and civic representation to study present problems of nursing service. Refresher courses have been carried out in a number of centres. On the whole, they are reported upon very favourably. Again it is suggested that these must not be an added responsibility for the hospitals alone; they should be a co-operative effort shared by nursing associations. It is reported that in several instances young married nurses have been used very successfully as willing instructors.

Present conditions, lamentable as they are, have brought some favourable changes into the life of the student nurse. These are reflected in the reports received from some provinces, although as yet an eight-hour day in the true sense of the word has been accomplished in very few schools. In most provinces, a publicity campaign in some form is under way and through personal contacts with high and private schools and universities, it is hoped to sustain interest in nursing as a national service — a thought that we cannot repeat too often. One resourceful representative has seized Hospital Day as the occasion for special publicity on schools of nursing. What more fitting way could be found to celebrate the birthday of the founder of modern nursing? This publicity is being carried on consistently in the hope that it will reach, not only students, but women's organizations and others who may be interested. Nor does this seem a forlorn hope when we read of a donation of $600 recently announced by a leading organization to be expended on six scholarships for students in the first year of the nursing course.

In this campaign to bring nursing to the fore, surely every nurse has a part. In the light of her own experience, she can interpret nursing to others and can share the glowing experiences and peculiar satisfactions that are the heritage of every true nurse. It can be truly stated that the hours of duty and living conditions have been improved in most schools, and that the somewhat rigid discipline of some years ago has been replaced by one more in keeping with modern practice. In some schools each student is being asked: "What can you do to interest at least one desirable recruit?" In one province, prizes are being offered to high school students for the two best essays portraying nursing, or an outstanding personality in it.

Apparently, up to the present, the shortage of applicants to schools of nursing is marked only in certain centres. However, all schools are meeting stiff competition. Looking ahead, it seems inevitable that in time they will all be embarrassed unless a successful campaign can be organized, and *unless* *standards can be maintained at a level that will attract desirable candidates.* This important fact should be kept in mind.

The study of central preliminary schools in various forms is still being carried on with interest and signs of progress in some provinces. Some very fine co-operative action was evidenced at more than one of the annual meetings attended by the Emergency Nursing Adviser, when very comprehensive plans were outlined for the development of community nursing service bureaux. Think of the day when the problem of the private duty nurse will be shared by all nurses throughout Canada — this day has dawned in legislation recently enacted in one province at least. But let these nurses tell their own story. It is an interesting one!

KATHLEEN W. ELLIS,
Emergency Nursing Adviser
Canadian Nurses Association.

History of the First Hospital in Montreal

A remarkable contribution has recently been made to the history of nursing in Canada. To mark the tercentenary of the founding of their Community, les Religieuses Hospitalières de Saint-Joseph have sponsored a comprehensive history of the earlier years of l'Hôtel-Dieu, the first hospital in Montreal. This has been written by Rév. Soeur Mondoux (herself a member of the Community) and covers a period extending from 1642 to 1763, that is to say from the arrival of Maisonneuve and Jeanne Mance until the establishment of the British régime. The book contains 417 pages and is richly illustrated. The opening chapters are devoted to the activities of the Founder, Jérôme Le Royer de la Dauversière, and his association with Madame de Bullion and Jeanne Mance which was to exercise so beneficent an influence on the development of the new colony on the banks of the St. Lawrence. These chapters serve as a background for a masterly analysis of the life and work of Jeanne Mance herself which in turn leads to a vivid description of the heroic labours of the pioneer Sisters who left the peaceful shelter of their convent at La Flèche, in the pleasant province of Anjou, to face the bitter hardships of the Canadian wilderness. The annals of nursing contain nothing more heroic than the achievements of these devoted women and their successors and we owe a debt of gratitude to Soeur Mondoux for making them known to us.

The book is based on a first-hand examination of historical sources in France and in Canada and comprises an imposing number of original documents. Only those who have themselves undertaken similar research can appreciate its cost in terms of scholarship, time and effort. While it is right and proper that this book should be written in the French language it is to be hoped that an authoritative summary in English may soon be available so that it may serve as an inspiration to successive generations of Canadian nurses.

L'Hôtel-Dieu, premier hôpital de Montréal, par Soeur Mondoux, religieuse hospitalière de Saint-Joseph.

The R.N.A.N.S. Annual Meeting

The thirty-third annual meeting of the Registered Nurses Association of Nova Scotia will be held on June 5 and 6, 1942, at the Cornwallis Inn, Kentville. The president, Miss Marjorie Jenkins, will preside. Dr. Patterson, president of Acadia University, Wolfville, will be the guest speaker at a luncheon on Saturday. The subject of his address will be "Youth and the Changing Times".

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

The General Meeting

The twenty-first General Meeting of the Canadian Nurses Association will commence on Sunday, June 21, 1942, when church services will be held with the celebration of High Mass at Notre Dame Cathedral at 11:00 o'clock, and with Evensong at Christ Church Cathedral at 7:00 o'clock.

By special request the hostess organization, the Association of Registered Nurses of the Province of Quebec, has refrained from making arrangements for the entertainment of the visiting nurses, except for a reception at the close of the final session on Friday evening when the Alumnae Associations of the English and French Schools of Nursing in Montreal will be hostesses. The customary dinner meeting is scheduled for Tuesday evening when the Right Honourable Malcolm MacDonald will be the speaker.

There will be no session on Wednesday evening. Those wishing to arrange in advance for any social function for that evening should write to Miss Vera L. Graham, Homoeopathic Hospital, Montreal. Miss Eva Merizzi, 451 Blvd. St. Joseph E., Montreal, is French Associate to Miss Graham.

The Windsor Hotel will be convention headquarters for the general meeting; nurses who have not yet made their reservation for accommodation are urged to do so without further delay. Application for reservation should be made direct to The Windsor Hotel. Rates at the Windsor Hotel are: single rooms $4.00 — $4.50; double rooms $3.00 each; three persons in a room $2.50 each; four persons in a room $2.25 each.

An outline of the programme for the General Meeting was published in the April issue of the *Journal*.

A Welcome to the Hôtel-Dieu

The following invitation to visit the Hôtel-Dieu Hospital in Montreal has been graciously offered by the Sisters of l'Hôtel-Dieu de Saint-Joseph:

> On the afternoon and evening of June 25, 1942, the Sisters and Nurses of the Hôtel-Dieu will be honoured in being hosts to you, our fellow Canadian nurses. We are indeed very happy and proud of this, your historic visit, and hope that good weather will favour our plans, which include a lawn party and a tea on our new terraces. You will be entering our hospital with one great and unforgettable name in your mind: Jeanne Mance! Our Sisters and nurses will tell you many interesting details about the history and life of our Foundress and also of those who have continued her charitable task. We therefore do not need to go into history at this time. Jeanne Mance and, we trust, the Sisters of Hôtel-Dieu de Saint-Joseph, are not strangers to any Canadian nurse.
>
> Our new hospital wing, which will be nearly completed when you visit us, and a special exposition of great historical value to admirers of Jeanne Mance and students of early Canadian hospital history, together with an inspection of our present hospital, will give you an idea of the great heritage which has been entrusted to us by our found-

ers. During three hundred years, our Sisters have been privileged to work charitably for a cause which to so many of you has also become a sacred duty. You, and we, follow this call because we feel that we owe this sacrifice to the suffering and the sick. It is this common ideal, cultivated by our professional sisterhood in the Canadian Nurses Association, which leads us into a greater spiritual sphere where we all meet—regardless of race or creed—as missionaries of the same God and also of the same order, called Nursing.

As nurses, and on behalf of the Sisters of the Hôtel-Dieu, we are taking this opportunity to extend to you our most cordial welcome. Our doors will be wide open for you and we do hope that a great number will be able to attend the Convention which is so important to our war effort. *Au revoir!*

Pre-Registration

For the special attention of members of the Association of Registered Nurses of the Province of Quebec: The Arrangements Committee for the General Meeting wishes to announce that members of the A.R.N.P.Q. will be able to register for the General Meeting on Friday and Saturday, June 19 and 20. The Sub-Committee for Registration will be at The Windsor Hotel on each of those two days between the hours of 2 p.m. and 9 p.m. Local nurses are urged to take advantage of this preregistration arrangement in order to prevent an over-crowding on Monday morning, June 22.

Nurses planning to attend the General Meeting will be pleased to learn that the Lippincott Lounge will again be available for their convenience; also that the J. B. Lippincott Company will have their exhibit of nurses' caps on view during the General Meeting.

National Joint Enrolment

A meeting of the National Joint Enrolment Committee was held in Toronto on April 11. The Committee approved certain changes in the regulations for the Voluntary Enrolment of Registered Nurses for war and emergency service. The revised pamphlet is now available in the provincial offices. The Committee draws attention to the fact that in some provinces there is a marked improvement in the use of the Joint Enrolment lists. The Committee recommends that the military authorities be kept informed as to the purpose of the lists, with the hope that even better co-operation may be secured.

For Nurses in Hong Kong

In reply to an inquiry to the Canadian Red Cross Society as to whether or not help might be sent to British civilian nurses in Hong Kong and Singapore, the Canadian Nurses Association received a reply to the effect that permission had been granted to send a small number of parcels of toilet accessories. Twenty boxes have been made up, and forwarded with the hope that they might arrive safely and bring some comfort to those nurses who were taken prisoners in Hong Kong.

British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

Miss Elizabeth L. Smellie	$ 50.00
Alberta:	
A. A., Calgary General Hospital	150.00
Calgary General Hospital staff ..	40.00
Calgary District No. 3	16.50
A. A., Edmonton General Hospital	13.00

A. A., Vegreville General Hospital	4.15
Ponoka District No. 2	15.50
Medicine Hat District No. 4	41.00
Lethbridge District No. 8	12.50
Staff nurses, St. Michael's General Hospital, Lethbridge	75.00
Graduate Nurses Group, Stettler	30.00
Graduate Nurses Group, Grande Prairie	21.00
Staff, Misericordia Hospital, Edmonton	13.00
Staff, Royal Alexandra Hospital, Edmonton	41.25
Staff, University of Alberta Hospital, Edmonton	46.00
Country hospitals	22.00
Married nurses	42.00
Individual nurses	17.10
Nova Scotia:	
Cumberland Co. Branch, R.N.A.N.S.	9.00
Halifax Branch, R.N.A.N.S.	72.50
Valley Branch, R.N.A.N.S.	20.25
Lunenburg Co. Branch R.N.A.N.S.	5.00
A. A., Royal Victoria Hospital, Halifax group	7.50
Colchester Co. Branch, R.N.A.N.S.	26.00
A. A., Aberdeen Hospital	31.00
Pictou Co. Branch, R.N.A.N.S.	4.00
Ontario:	
Districts 2 and 3:	
Nurses of Districts 2 and 3	19.00
Graduate nurse staff, General Hospital, Stratford	33.75
Kitchener and Waterloo Chapter	85.50
Outside Graduate Nurses, Kitchener	71.75
A. A., Kitchener & Waterloo Hospital	52.00
A. A., St. Mary's Hospital, Kitchener	65.75
A. A., General Hospital, Woodstock	63.00
District 5:	
A. A., Toronto General Hospital	150.00
Graduating class, St. Michael's Hospital, Toronto	34.00
Matron and Nursing Sisters, Toronto Military Hospital	43.00
Matron and Nursing Sisters, Toronto Convalescent Hospital	10.00
Matron and Nursing Sisters, Military Hospital, Camp Borden	20.00
District 6:	
Nurses of Ontario Hospital, Cobourg	11.12
District 8:	
A. A., General Hospital, Ottawa	8.00
Florence Nightingale Club, Renfrew	10.00
Patients Perley Building, Royal Ottawa Sanatorium	193.00
District 9:	
Graduates, Civic Hospital, North Bay	40.00
Nurses of District 9, North Bay	40.00
Kirkland Lake nurses	8.00
New Liskeard nurse	1.00
Saskatchewan:	
Regina Registered Nurses Association	800.00
A. A., Regina Grey Nuns Hospital	25.00
Individual donations	3.00

Obituaries

ANNIE AITKEN died recently in Newcastle, New Brunswick. Miss Aitken, a sister of Lord Beaverbrook, graduated from the School of Nursing of the Western Hospital, Montreal, and was a member of the Class of 1906. For many years she was superintendent of nurses in the Rutland Hospital, Rutland, Vermont, and, after her retirement, lived in England until she returned to Canada about a year before her death.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Maternal Welfare and the Maternity Grant

RUBY M. SIMPSON

Municipal Doctor and Maternity Grant services are specialties which are intimately connected with the story of public health in the preponderantly rural prairie province of Saskatchewan. The first has been duplicated in other sections of Canada and so is well known. The same cannot be said of the second but its development through the years makes it of interest in relation to studies of maternal and infant morbidity and mortality.

The early history of the Maternity Grant is the history of the settlement of a young country. When Saskatchewan became a province in 1905, settlers were literally pouring in, taking up homesteads and filing on pre-emptions of such size that they found themselves, in their prairie shacks, practically isolated from neighbors. Railroads were built and towns and villages sprang up almost overnight, but only a small number of farmers were closely served by them. There were doctors, a few nurses and even some provision for hospital care, but not sufficient to keep pace with the rapidly growing population. The majority of the settlers were young. Families were coming. Distances were great and money was scarce — two serious menaces to adequate care. Many young expectant mothers and others not so young, found themselves facing confinement with the doctor miles away and funds insufficient to allow them to go to him or to have him come to them. It was in such circumstances and at such times that they were obliged to depend upon the "handy woman" or the neighbor and, as has often been told, in many cases they had no attendant whatever.

It was to meet the increasingly insistent need that the Commissioner of the Bureau of Public Health of that day, Dr. M. M. Seymour, originated the idea of a grant of money to assist in the preparation for confinement, a portion to go direct to the mother and a larger portion to the doctor who might attend her. The basic purpose of the Grant was to make it possible for the mother to secure medical attention. The part allotted to her might buy the layette, clothing or necessities for herself, or it might quite legitimately help to pay the cost of travel to the doctor. The portion allowed for the doctor was not intended as his full fee but rather as his out-of-pocket expenditure if he made a long trip or if he provided necessities for the case. The Grant was, in effect, quite definitely medical relief for maternity cases, although the word relief was not used at that time so glibly as it is today nor did it have the same public reaction. That the Grant was a boon to new-settler mothers is obvious. The Order-in-Council which provided for it was signed in 1921 but reports indicate that its provisions were in effect very many years earlier. They were, in fact, a part of the health administration from the very first days of the organization of the Bureau in 1909. The qualifications were simple — the mother must be remote from a doctor and lacking in money. There were then no organized municipal councils so the written statement was certified by the registrar of births, marriages and deaths.

The face of Saskatchewan altered in the years that followed but the Grant remained unchanged until 1931. In the first official annual record only 18 grants were reported. During the years following, the number varied with the prosperity of the province, sometimes up, sometimes down. Until 1929 it did not exceed 500 in any year. Then with the serious financial depression it suddenly soared until in 1931 the Grant was given to over 3000 mothers and was a recognized and important phase of relief. In that year it was discontinued, a layette substituted and the medical service feature taken care of in other ways. In 1934 it was restored by the Honorable J. M. Uhrich, M. D., Minister of Public Health, not as relief, although certain assistance features remained but entirely as a public health measure, an effort on the part of the Department to protect motherhood and infancy. As such it has been continued and as such it may be of interest to those who are concerned with health safeguards.

At the time of the Grant's re-instatement in 1934 a new situation had developed in the province. At the most acute period of the drouth years there was a considerable exodus of families from the southern areas, which had been most seriously affected, to the remote, northern, heavily wooded region. Again they were the young people. Homestead conditions of the early years were to some extent repeated although the burden was eased in a measure by modern travel facilities, greater numbers of and more accessible doctors, nurses and hospitals. Still, the need existed and the full benefit of the revised Grant was extended to these northern settlers.

The mechanics of the administration of the Grant have to date remained unchanged. Indigent, expectant mothers remote from medical care, are the only eligible recipients. Regardless of financial need the Grant is not available for town or city residents. Certification as to need must be made by municipal officials. There, the resemblance to the original Grant, ends.

Actual authorization depends now upon the report of pre-natal medical examination. Application forms are studied first from the point of view of financial need. If the application is in order, the mother is advised that medical examination is required and the form for the use of the doctor in reporting the examination is sent to her. The Grant is not authorized until the completed form has been returned and has been studied. It is the proof that the mother has had at least one medical examination. The visit is repeated in the majority of cases. The report form is quite complete, including information on pelvic measurements, urinalysis, blood pressure and other salient features of such cases. At the least, it is evidence that the doctor will not find himself confronting a patient whom he has not seen prior to the onset of labor, a situation all too common in the past. It takes some time for the mother to complete the forms and to arrange for the visit to the doctor. For this reason the report is usually of the condition in the last two to three months of pregnancy. Many are earlier and some are later.

An occasional case arises where medical examination is not possible. Severe winter weather, spring breakup or some acute personal situation may constitute insurmountable obstacles. Such cases are considered and in certain instances the Grant is given, but only with the understanding that every effort will be made to see the doctor by the end of the eighth month. In very remote districts the statement of a reputable nurse has been accepted in lieu of the medical report. This has occurred in districts served by Red Cross Outpost Hospitals. Such a statement is not considered as a medical report and is not so counted. Every pre-natal report listed as such is that of a medical doctor.

In each of the past three years, the number of cases which have had the examination has been between 96 and 97 percent of the total number of Grants authorized. This constitutes something of an achievement and it has not been attained without effort. In the first years of the medical requirement it was quite resented by applicants. An unbelievable number of women objected to it, particularly multiparas who had been so fortunate as to come through several pregnancies without medical aid and without mishap. A good deal of educational work was done and much persistence was necessary in refusing the authorization without the medical report. Now it is a very rare applicant who does not apply early, expect and wish to have the examination and also to secure medical care at confinement. Nor are applicants loath to name the doctor of their choice and he is not by any means always the one of closest proximity. This is as it should be and indicates a thoughtful attitude on the part of mothers (and fathers, too, no doubt) toward maternal welfare.

The mother is not finished with the Grant when it has finally been authorized. A post-natal examination is urged, to be made six weeks after the confinement and its importance is strongly stressed. The figures for this item are less than for the pre-natal examination as might be expected since the mother actually has the Grant before the post-natal is required.

Hospitalization is not provided in routine cases. If the medical report indicates a special need and if the doctor recommends it, a part of the cost is allowed. The recommendation is not often volunteered by the doctor but is solicited from him following a study of the report. Older women who have had a large number of pregnancies, others with a history of dystocia or haemorrhage, very young primparas and any others showing toxic symptoms or possible hazards are urged to go to hospital and are financially assisted.

When the first letter of request for the Grant is received from the mother, the pamphlet of pre-natal letters is sent with the application form. When the Grant is finally authorized the booklet on infant care accompanies the letter of notification. Where the services of a public health nurse are available the names are sent to her for pre-natal visits and for supervision of the health of the infant through the health centre. By such means continued contact with the mother is maintained. Public health nurses refer many women to the Grant service and investigate numbers of cases of unusual nature.

The Grant provides the mother with a small money allowance to be used for the layette or for the necessities for confinement. The amount is the same in all cases and the cheque goes direct to her as soon as the requirements have been met. A routine amount is allowed the doctor for the completion of all pre-natal and post-natal report forms. If the doctor is not on contract with the municipality or in receipt of special relief area grants or subsidies, a payment is made through the Grant toward his account. In many cases he receives nothing further from the patient. The routine amount is about one-third of the regular charge. Special cases receive special consideration. Payment is made direct to the doctor and not through the mother.

During the past five years, the Grant has been administered by the Division of Public Health Nursing in an effort to minimize the relief feature and to emphasize maternal welfare. Careful records have been kept to determine the health value of a service which during the years has been fairly costly. The peak year, 1937, provided for 5,410 mothers with an expenditure of over $65,000. With improved financial conditions the figure has dropped within the past two years but it is still in the neighborhood of $30,000. Monthly lists of maternal deaths as recorded by the office of the Registrar General are checked with Maternity Grant files. This procedure has been followed for the past three years and will be continued. Figures as shown in the following summary are convincing and in this connection encouraging.

In 1939, the number of Maternity Grants authorized was 4,665; the number reported as having had pre-natal examination was 4,494 (96.33 percent); the number of maternal deaths in Saskatchewan was 43; the maternal deaths in Maternity Grant cases was 5; the maternal death rate for Canada was 4.2; the maternal death rate for Saskatchewan was 3.3; the maternal death rate for Maternity Grant cases was 1.07. In 1940, the number of Maternity Grants authorized was 3,254; the number reported as having had pre-natal examination was 3,164 (97.24 percent); the number of maternal deaths in Saskatchewan was 62; the maternal deaths in Maternity Grant cases was 3; the maternal death rate for Canada was 4.0; the maternal death rate for Saskatchewan was 3.2; the maternal death rate for Maternity Grant cases was .921.

In the year 1941 a total of 2,374 Grants were authorized, in 2,301 (96.3 percent) of which the mother had some pre-natal care. Maternal death figures to date are preliminary only but indications suggest three deaths which would mean a rate similar to that of the year 1939. The number of cases in each year is, of course, relatively small but the fact remains that the particular group had medical attention which without the assistance of the Grant would have been impossible and the death rate for the group was approximately one-third of that for similar cases in the remainder of the province.

A plan is now under way to study post-natal reports more closely with particular reference to the condition of the mother and infant approximately six weeks after the birth. In 1940 post-natal reports were submitted by doctors in 1,821 of the 3,254 Maternity Grant cases (55.96 percent). Eighty-four infant deaths were listed of which 35 were still-births. The files for 1941 are still open and reports will continue to come in for some time. To date 49 infant deaths have been listed in 1,528 reports. Again the groups are small making the figures of uncertain value but they suggest rates lower than those of the province in general. Added to the evidence of the figures we have the enlightened attitude of the majority of the parents toward pre-natal care and medical attention which soon spreads through a community. Without doubt there are still many "handy women" attending maternity cases in rural districts but the number has been vastly decreased in the past ten years. During the year 1940 the figures of the Registrar General show 83.6 percent of births attended by physicians. The present fear is that, with such large numbers of medical men entering military service, the mothers may be deprived of the care they need and have grown to demand and the "handy women" may again be pressed into service. However, Maternity Grant requirements will not be reduced and the hope is cherished that mothers, so educated, will be willing to travel even very great distances to reach a doctor. War restrictions on travel facilities may be a deterrent but the community spirit is high in the outpost areas from which the cases are now drawn and no doubt ways and means will be effected for the benefit of all.

It should be mentioned that the relief assistance feature of the Grant has not been entirely overlooked. In the past five years more than 3,500 layettes have been sent out in cases of need in which the mothers were not eligible for the Maternity Grant. These were sent on the recommendation of the Department of Public Health by a voluntary relief organization supported financially by the Government and more recently by an official government relief department.

The plan as outlined is only one of many methods employed to protect mothers and enhance maternal welfare. It is of interest chiefly because of its particular effectiveness in a province of extensive dimensions and rural settlement such as Saskatchewan.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Eileen Willis, B.A., a graduate of the Winnipeg General Hospital, has been appointed temporarily to the Winnipeg staff.

Miss Helen Kay, who was temporarily employed on the Hamilton staff, has been transferred to the Ottawa staff.

Miss Marion Kent and *Miss Ivy German* have resigned from the Hamilton staff to be married.

Miss M. Mullen has resigned from the Montreal staff to be married.

Miss Dorothy Graham has resigned from the Saskatoon staff to be married.

Miss Margaret Knapp has resigned from the Winnipeg staff to be married.

Miss Catharine MacDougall has resigned from the Burnaby staff to be married.

Miss Ruth Henderson has resigned from the York Township staff to be married.

Miss Bessie Skinner, of the York Township staff, and *Miss Alberta Upshall,* of the Hamilton staff, have resigned to take positions with the Department of Public Health in Guelph.

Miss Julia Moody has resigned as nurse-in-charge of the Lachine Branch to accept a position with the Department of Public Health in Winnipeg.

Miss Evelyn Bowman has resigned from the Hamilton staff.

M.L.I.C. Nursing Service

Miss Eglantine D'Aoust (St. Joseph Hospital, Lachine, 1926) recently resigned from the Montreal staff of the M.L.I.C. to be married.

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association.

Wanted – Leaders in the General Nursing Section

MADALENE M. BAKER

There are 206 bones in our body, but we need only three of them (and one process) to give leadership. There is the sternum or wish-bone, the jaw-bone, the elbow — and the backbone. First — the wish-bone. We have the desire to give leadership. Surely the evidence of the last few years has removed from us the last vestige of the mistaken idea that isolation can shelter us from eventualities. The years have clearly shown us that we cannot afford mediocrity. If we visualize ourselves as a channel through which leadership is handed on to others, then we will cultivate leadership with a sufficiently strong will to achieve a total purpose.

Those of us in the General Nursing Section are prone to think that we follow, not lead. And yet, in the daily routine of our chosen work we stand out as examples, not only to the younger nurses in our section, but to the public as well. To a great extent, the nursing profession is judged by the efficiency of the bedside nurse; this is because of the close and prolonged contact with those doing bedside nursing. Efficiency and example are the most effective methods of maintaining professional standards. The onus of responsibility of nurse education and health education does not entirely rest with the school of nursing and organized public health. Individually, we must do our part in maintaining standards and health education is a part of our duty to our patients and their families. Constant study is necessary if we hope to do this and to keep abreast of the times. The example we give today is something that will be handed down through the years, therefore, the private duty and general duty nurse is an educator and a leader.

We have accepted great responsibility. Let us not leave it to others but firmly grasp the torch and carry on. Let us take advantage of university postgraduate courses or, if this is not possible, then take postgraduate work in special services. If we remain in the General Nursing Section, let us be leaders and teachers in that Section and assume our share of the work of our professional organizations. It is here that we need that second bone — the jaw-bone — for without it we cannot be vocal, and without being vocal we can never hope to acquaint our indifferent colleagues with the value of our professional organizations and I know of no better panacea for their indifference than to familiarize them with the work of the provincial Registered Nurses Associations and the Canadian Nurses Association. We know that organized nursing has given us educational standards, status and better working conditions. Organized nursing is eyes and ears for thousands of nurses throughout the Dominion.

There are several things which we need to keep constantly before us. First, stimulation toward achievement must be looked upon as one of the most important consequences of the activity of our associations. We who are present because we are interested need to carry our zeal with us, as we do our registration cards, and lose no opportunity to acquaint those who could not be present with the need for specially prepared persons in the nursing field. The work of our nursing associations should not be left to a few willing souls; it is the responsibility of every registered nurse in the country. We need action. We need expression of opinion. The worst kind of an audience is one that has no difficulties, no comments, but sits like a sponge and soaks things in. There is no reaction from them; no one gets enthusiastic; no one has anything to say. Let it be our individual responsibility to start discussion; no one expects the contribution to be perfect. Who can doubt but that an impetus to go forward will follow the interchange of ideas and the presentation of common problems? Of course we cannot stop at talking about progress — we must use that process which goes to make the elbow and go to work. There is no denying that there are certain people who can do one thing rather than another and there are certain technical areas in which nurses from one group should have, if not the controlling, at least the moulding voice. Nevertheless, any project in nursing, whether it be specific to a section or not, is the responsibility of each one of us in so far as we can be helpful. We have a common general objective — that of giving service. Working together is not only natural — it is imperative.

Existing in our midst is potential leadership, but sometimes it is hard to locate because of that habit of hiding one's light under a bushel. I encourage you to bring that light out and let it shine. Of the General Nursing Section I would say that we not only need leaders within the section, but are hanging out the sign — "Leaders from the General Nursing Section are wanted to provide continuity of leadership for the other two sections". We need only to use our natural capacity in order to achieve; our individual ingenuity and sincerity will discover countless opportunities. Remarks such as "I could never do that", and "Why should I bother, it will never happen in my time" are neither constructive nor logical.

To carry the job through we need that other part of our anatomy — the backbone. The backbone is power and purpose, stability, steadfastness and strength. Without it all our wishing and talking and expenditures of elbow-grease can come to naught. When you speak of the "backbone" of an association, a city, a nation, who comes to your mind? Is it not the man who has dedicated himself to a cause, and then bent every effort, in spite of obstacles, toward his chosen goal? Who can estimate the value of our united powers? The controlling thought in the entire leadership program must be that every detail of nursing activity should serve the purpose of professional education.

This is a time of national crisis. A healthy nation is a sound nation, and a winning nation. What better contribution can we offer, as nurses, in these trying times, than to make our professional excellence, at home as well as abroad, an integral part of National

Defence? I have every confidence that the members of the General Nursing Section will carry their share, and more than their share, and make the events of today stepping stones for the future. For we need to face the facts squarely — that is half the battle. We need to be resolute in our task; we need tenacity of purpose, for there will always be obstacles in our path. Above all, we need faith to carry on in face of discouragement, criticism and indifference — in short we need to put our backbone into it.

Training Practical Nurses

In the December 1941 issue of *The Canadian Nurse* it was announced that a demonstration in the training of practical nurses was being conducted by the Board of the London Central Registry for Graduate Nurses. This demonstration was approved and financially assisted by the Registered Nurses Association of Ontario. The course got under way on September 29, 1941, with thirteen students enrolled. Applicants for the course were obtained through advertisements in the local press; the academic requirement was at least entrance to high school and the age limit was 20 to 40 years. The students were given a complete physical examination, and x-ray chest examinations were also made as required by the Ontario Department of Health.

The length of the course was six months. The first three months included classes in simple nursing under the direction of a registered nurse who is also a qualified instructor. Lessons in practical cookery, home economics and housekeeping (organized to meet the special needs of the class) were given by a graduate in home economics. Ten of the thirteen students completed the first three months and then followed the three months of practical experience. This included two months in institutions caring for the aged and chronically ill; two weeks in a day nursery; two weeks in homes under supervision — one week with a chronic case and one week with a mother and a young baby.

Commencement exercises were held on April 4 at which time certificates were given to ten students for having successfully completed the six-months course. They were required to sign an agreement to identify themselves with the London Central Registry for a further two years during which time they will be under supervision and opportunity will be afforded to evaluate their work. They will wear a plain blue uniform with short sleeves, white bibbed apron, brown shoes and hose, and will be identified by wearing an insignia on their sleeve with the letters "P.N., L.C.R." (practical nurse, London Central Registry).

The completion of this demonstration was reported to the recent annual meeting of

the Registered Nurses Association of Ontario, and a recommendation was made that three of these courses, under the same demonstration plan, could be undertaken yearly in centres where organized registries are in operation and, in particular, the course as planned by the Central Registry of Graduate Nurses, Toronto. It was further recommended that the Registered Nurses Association of Ontario be requested to grant financial assistance where it could not be supplied in full either by the existing registry or by one of the districts.

— Madalene Baker

An Important Appointment

Announcement has been made of the appointment of Mary Elizabeth Macfarland as superintendent of nurses in the Toronto General Hospital. Ever since her graduation in 1926 from the School of Nursing of the Toronto General Hospital, Miss Macfarland has displayed a capacity for leadership which gave proof of her ability as an organizer and administrator. She has served in increasingly responsible positions on the staff of the Toronto General Hospital and, at the time of her new appointment, was supervisor and instructor in the medical department. In 1937 she was awarded the Jean I. Gunn Scholarship and took a postgraduate course in teaching and supervision in the Toronto University School of Nursing.

Mary E. Macfarland

Photo by Randolph Macdonald, Toronto

Miss Macfarland was born in South Mountain, Ontario, and educated at the Lisgar Collegiate Institute in Ottawa. She is regarded by her many friends as a woman of strong character, broad minded and well balanced, and with a keen sense of humour. She is a clear thinker and is both understanding and sympathetic. She has travelled widely, is an excellent musician and enjoys a game of golf. She has always been keenly interested in nursing organizations and is now the president of the Alumnae Association of the Toronto University School of Nursing.

The position which Miss Macfarland is to occupy is one of the most distinguished in Canada and has been held by such outstanding nurses as Mary Agnes Snively and Jean Isabel Gunn. Throughout her professional career, Mary Macfarland has been profoundly influenced by their noble example, and it seems fitting that she should now be chosen to carry forward into the future the noble tradition of the past.

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

A Plea for the General Duty Nurse

ANNIE F. LAWRIE

General duty nursing had its beginnings during the years of the great depression. Well do we remember that period in this Province of Saskatchewan when drought added to the sufferings of the rural communities. The small hospital found it very difficult to carry on and, in the larger hospitals, seriously ill patients could not afford the benefit of special duty nursing. This not only threw an extra burden on the hospital nursing service but grealy reduced the number of special duty nurses required on cases. Unemployment amongst nurses became as serious as in other professions. Many nurses, however, were willing to work at any price. They went on cases even when they knew there would be no remuneration; it was sufficient to know that the patients needed their services. They went out to small country hospitals for very little more than their board. They worked long hours and lived under far from ideal conditions.

The concern of the hospital for the welfare of its own graduates was instrumental in placing the general duty nurse on the wards and the first objective was to reduce unemployment. Later it was realized that, by the employment of these nurses, the nursing service was greatly stabilized and a better balance in the student program could be maintained. Experience has taught us that it is not possible to fulfil the highest standard of the Curriculum and at the same time give the best care to the sick if the hospital is obliged to depend entirely on the student body for its nursing service. The concept of nursing today is not what it was yesterday. Nurses are being called upon more and more to perform highly specialized services and for this they must be well prepared. This places a heavy responsibility on the school of nursing. The old apprenticeship system is being gradually discarded and a School in the truest sense of the word is being built in its place.

One of the chief aims of every right-thinking member of a hospital board and a superintendent of a hospital is to have satisfied patients. This means favourable advertising for the hospital. But some of them do not realize that the calibre of the nursing service determines more than anything else, whether the patient is satisfied or not. It is hardly to be expected that any individual can give her best service when the conditions under which she works and lives are unfavourable. It must also be remembered that the initial preparation for a registered nurse involves three years of intensive study and concentrated ward experience during which she is not a salary earner. In spite of this, there are hospitals in which some of the members of the lay staff, who have not expended a day in preparation for the job, receive higher salaries than the general duty nurse. Her needs do not differ from those in other fields: namely, shorter hours, larger monetary return, better living conditions and greater security for the future.

The increase of salary for the general duty nurse from the low level of the depression days has been a very slow process. In recent months, however, the improvement has been quite marked in some hospitals. If the quantity and quality of service rendered to the institution is worth something to the institution, that worth should receive due recognition. Some nurses are equipped to take on heavier responsibilities; this should also be rewarded accordingly. Some thought should be given by every hospital to the establishment of a definite salary scale with a minimum and maximum rate of increase. Such a plan is very satisfying to the worker.

It is true that nursing requires more physical and mental energy than many types of work. Nurses must always be alert, solving problems, making decisions, all of which demands energy to be balanced only by shorter hours. Of necessity in many cases, the hours are irregular; emergencies demand overtimes; wards must be covered even on Sundays and holidays. There is also the demand on off-duty time—the nurse may be "off duty" but still "on call". There are obligations to be fulfilled in attending professional meetings and other duties all of which come during the off-duty hours. Shorter hours of duty will make for a happier and more efficient staff. In working towards the forty-eight hour week, it must not be forgotten that the nursing load is equally important. The ratio of nurses to patients should be such that opportunity for good nursing is assured.

There is still a great need for better living conditions for the nursing staff in many hospitals today. Over-crowding has long been a grave evil. The question of "living out" or "living in" should be given some consideration. When the nurse lives "out" she should be adequately compensated on a scale comparable to the nurse who lives "in". If the nurse is to be expected to develop and to improve and to acquire interest in the hospital and ward situation, she must feel that she is a part of the institution. Adequate salary, shorter working hours, good living conditions, the recognition of good work, and permanent employment with security will make the field of the general duty nurse a satisfactory one. The supply of nurses should then be adequate, the turnover at a minimum and services rendered of very high quality.

I should like to quote a letter which has probably been the stimulus for this appeal for the general duty nurse:

> Nurses grumble and deplore their hours of work. Often they have too much work because of a small staff which is quite inadequate for the number of patients. There are many small hospitals with only a day and a night nurse, the night nurse having to stay up for operations. She is called for maternity cases, day in and day out, always working fourteen or fifteen hours a day—and these hospitals sometimes pay only $30. and $35. per month. If one of the nurses is off with a minor illness, it means we run all day from 8 a.m. to 8 or 10 p.m. We are supposed to have a half-day from 1.30 p.m. but, if we are busy, that is impossible, as well as the three hours off a day being necessarily curtailed. Couldn't the Registered Nurses Association do anything to secure a full day per week

off duty for each nurse? A hospital with a staff of five or six nurses should be compelled to employ an extra nurse so that the nurses could have their day off, and also that she would be there to call upon in case of illness. Couldn't a minimum salary be set? Many hospitals get by with very poor quarters for their nurses. Could something be done to remedy this situation, too?

It isn't just for myself that I speak, but for all general duty nurses. Eight-hour duty would help to dispense with the too long hours of work and would be fine, provided enough nurses were employed. I really believe this would make for better, brighter and kinder nurses and give us a chance really to live instead of just to work and sleep.

In Memory of Jean MacKenzie

After a long and painful illness, Miss Jean MacKenzie, Provincial Director of Junior Red Cross for Saskatchewan, was gently released from her suffering by the kind hand of death on Monday, April 13th. Miss MacKenzie was born in Braemar, Scotland, and came to Canada in 1912. She received her general education in Scotland and her nursing education in the Royal Victoria Hospital Training School for Nurses, Montreal, from which she graduated. Soon afterwards, she enlisted for overseas service in the first Great War. For some months after the close of the Great War, she was Sister in charge of troop trains going from one end of Canada to the other during the demobilization period.

In 1918 she was appointed to the School Hygiene staff of the Saskatchewan Department of Education, and so had the privilege of making a very valuable contribution to what was then a comparatively new field in public health. In 1923, when the Canadian Red Cross undertook to promote its course of Home Nursing in Canada, Miss MacKenzie was one of the three Canadian nurses to be selected for that purpose. Later, she was appointed Provincial Director of Junior Red Cross for the Saskatchewan Division of the Canadian Red Cross Society. At that time there were only a few hundred Branches. In June 1941 there were over 5,000 Branches of the Junior Red Cross in that province, with a membership of close to 150,000, the second highest in Canada. Miss MacKenzie's special pride and pleasure was the Junior Red Cross Hospital in Regina, and all the little patients will carry with them through life the memory of her smiling face set in its halo of beautiful

Jean MacKenzie

Titian hair, and a remembrance of the kindness and solicitude shown by her for their care.

Those who were close to Jean MacKenzie in her long last illness tell of her unflinching fortitude. In a long letter written to an associate one week before her death, after recounting some of the details of her illness, she speaks with characteristic Scottish calmness, of the struggle which she had put up for the best part of a year,—"I have striven to meet it in a manner becoming to my name and race."

The nursing profession is indebted to the contribution made by this Scottish Canadian member. She has left her mark on hundreds of thousands of young people in Saskatchewan, and because of this she has enriched and blessed the country of her adoption.

— J. E. B.

Annual Meeting in British Columbia

The Registered Nurses Association of British Columbia held its annual meeting in Victoria on April 10 and 11 with every branch of the profession well represented. Members showed a keener interest in the reports of past activities and a new enthusiasm for the proposed work of the future and the meeting brought forth many new and vital needs precipitated by this time of national crisis. The convention opened with a business meeting of the three sections. Miss Florence Innes, as chairman of the public health nursing section, reported on the need of keeping the standards of public health nursing on a high level; this was followed by a discussion of the minimal qualifications of the public health nurse and it was resolved that the Section recommend that in teaching the student, greater emphasis be placed upon the various aspects of community health. This might be accomplished by the employment of a public health nurse on the staff of the schools of nursing and also by further utilization of the public health services in the community. The hospital and school of nursing section, under the chairmanship of Miss F. McQuarrie, stressed the need of refresher courses in both hospital administration and teaching and supervision. Such courses are needed not only for those now active in nursing but also for those who may be called upon to return to the nursing field after some years away from it.

The invocation at the general meeting was given by Rev. G. A. Reynolds and the meeting was opened by Miss Margaret Duffield, president of the Association. Miss Duffield pointed out the necessity for persistence and courage if standards are to be maintained in the face of wartime crises when the nursing profession is increasingly being called upon to meet military and civilian duties. The president pointed out that the revision of the Registered Nurses Act, which is to come before the provincial legislature at its next session, was one of the greatest contributions of the past year. The Provincial Registrar, Miss Evelyn Mallory, paid tribute to the long hours given by the members of the Council, and urged that more members attend Association meetings. The Registrar also reported that there had been a total of 409 new registrants during the past year. The report of the British Nurses Relief Fund, prepared by Mrs. H. J. C. Walker, recorded that the receipts for the year had amounted to $2,770 of which $2,652 had been forwarded to the Canadian Nurses Association to help the British nurses serving in any part of the world. As there are now many nurses in active service, the need for increasing the fund was apparent.

Miss Margaret Kerr, as convener of the Placement Bureau Committee, gave a report that aroused great interest, and stimulated much discussion from which the following recommendations arose: (1) The establishment of an adequate placement service which would adjust the needs of the hospitals for additional staff to the supply of nurses in need of employment. The responsibility of directing the Registry shall belong to the District in collaboration with a provincial committee; (2) the organization of a sound type of placement service to be inaugurated through a combination of the facilities and records of the district registries and the provincial office of the Registered Nurses Association of British Columbia.

Miss Kathleen Sanderson, organizer of Districts and Chapters, showed how the original objective of this work, which is to bring nurses throughout the Province into more active participation in the affairs of the Provincial Association, is being successfully accomplished. Two districts and 29 chapters have been formed to date. The reports of two districts — Vancouver Island and West Kootenay — were presented, each giving an appreciation of the work of Miss Sanderson.

The convention was very fortunate in having as guest speaker, Miss K. W. Ellis, Emergency Nursing Adviser to the Canadian Nurses Association. Miss Ellis emphasized the important role occupied by the nurse on the home front. Increased facilities for postgraduate studies must be made available to equip nurses for their new responsibilities. There were a number of new appointments to standing committees: Mrs. Elliot, as convener of nominations committee; and Miss Marion Macdonell, as convener of press and publications committee. All the members who were able to attend this year's annual meeting felt themselves fortunate to have had the opportunity of hearing the reports and listening to the leaders of the various nursing fields. We felt that even more than this had been gained—we left Victoria wth new vigour and enthusiasm, refrshed by contact with our fellow-members in different branches of nursing and encouraged by the strength which comes from unity.

M. MACDONELL
Convener, Press and Publications Committee.

The M.A.R.N. Annual Meeting

As the policies of all nursing organizations at the present time are immediately affected by wartime conditions, it seemed fitting that the theme of our twenty-eighth annual meeting should be "Nursing and Defence". Since so many of our problems are acute and affect all branches of the profession, nurses from all parts of the province were ready and eager to participate in the valuable discussions which took place. We were gratified to find that many of the married nurses who had attended the refresher course turned out to a number of the meetings and several of this group undertook full responsibility for registration at each session.

The Rev. Canon Calvert gave the Invocation and the Hon. Ivan Shultz gave the address of welcome. Mrs. C. Jones of Dauphin ably responded. Reports from the following graduate nurses associations were heard with interest: Brandon, Dauphin, The Pas, Flin Flon, Portage la Prairie, and Selkirk. These were followed by reports of the activities of the various sections, committees, and representatives to the affiliated organizations. These reports showed evidence of the great number of activities and projects which have been given serious consideration during the past year. The executive secretary, treasurer and registrar and her assistant reported on the many activities of the association. Of special interest was an analysis made of the needs of the province for the education, procurement and assignment of professional nursing and auxiliary nursing service in relation to both military and civilian hospitals and organizations. In order to provide adequate nursing personnel to meet these needs, refresher courses for married and inactive nurses were held and home nursing classes were organized for volunteer aides.

We were most fortunate in obtaining Miss Eula A. Butzerin from the Department of Nursing, Chicago University, as our guest speaker. Miss Butzerin gave an inspiring talk at a well attended luncheon meeting which was sponsored by the public health section, as well as an address entitled "Defence — Today's Challenge in Nursing" at the afternoon session. That nurses should be prepared to serve on all fronts, was pointed out. They should be well informed regarding diseases prevalent in wartime, modern first aid measures, and problems of nutrition and emotional hygiene. They should be ready to co-operate at all times, to institute a public information program, to seek financial aid and to utilize and pool all their resources.

Miss Adella McKee in her presidential address, reviewed recent developments in the field of public health. A study of public health activities in the province was made recently by Dr. Carl E. Buck, Field Director of the American Public Health Association. Two recommendations resulting from this study have been implemented in the city of Winnipeg: (1) the amalgamation of the public health nursing services; (2) the undertaking of all visiting bedside nursing service by the Victorian Order of Nurses. Consideration is being given to the establishment of one well planned, well staffed health and welfare unit to demonstrate what can be done to provide adequate local health and welfare services and to be used as a training centre for public health and welfare personnel. Consideration was also given to the importance of nutrition in wartime as well as the growth of industrial nursing.

In reviewing the progress and developments of the past year, Miss G. M. Hall, school of nursing advisor, admitted great difficulty in suggesting plans for the coming year because of constantly changing needs. Statistics gathered from directors of schools of nursing were quoted regarding the turnover in staff since September 1939. Five hundred and thirty-five nurses in Manitoba left hospital positions during this time in order to enlist for military service, to be married, or to take other positions for reasons such as increase in salary or better working and living conditions. The rapid growth of graduate staff nursing, along with inadequate salaries, long hours of duty, insufficient help and poor living conditions create a serious problem for the hospital administrator. The education of boards of directors, conferences with medical men regarding the demands made on nursing service, and an attempt to simplify nursing procedures were suggested as a means of correcting existing conditions. It was shown that the mobilization of women for war services is having an effect upon the number of applicants to schools of nursing.

The group of instructors and public health nurses who are giving talks on nursing as a profession in the high schools are endeavoring to point out to the students the advantages of preparing themselves for an occupation which is essentially for women. Consideration is being given the possibility of a centralized teaching program for preliminary students as a means by which standards may be unified and maintained, adequately prepared instructors obtained, and students may advance more rapidly in nursing practice having received a proper foundation in the basic sciences. It was suggested that the public which demands so much from the present day nurse should accept some responsibility in providing the means by which the nurse may be adequately prepared to render the variety of service required.

During the afternoon session brief addresses were given by Commander E. Orde, R.C.N.V.R., Colonel P. G. Bell, D.M.O., MD., Wing Commander A. Sifton, R.C.A.F., as well as by Dr. D. S. MacKay who spoke of "Plans for Civilian Defence". A most interesting symposium on the medical and nursing care of poliomyelitis, using the Sister Kenny method, was presented by Dr. A. E. Deacon, Mrs. H. Ross, and Miss A. Carpenter of the Children's Hospital, on Friday evening. The Saturday morning session opened with a lively discussion regarding the distribution of nurses in order to meet the needs of the community from the point of view of the hospital, the private duty nurse, the public health nurse, and the registrar. Rev. Sister Clermont outlined the duties in hospitals which could be delegated to ward helpers. Mrs. Vera Harrison presented the California scheme for the utilization of private duty nurses for emergency needs. Miss P. Hart suggested measures which could be carried out by the public health nurse and Miss P. Brownell pointed out some of the problems encountered by the registrar. An address entitled "Industrial Health — The Modern Challenge to Nursing" by Miss Butzerin was particularly interesting to the public health section which sponsored this session with Miss F. King in the chair. The strain of industrial life, provisions for nursing and medical care, loss of time through illness and other phases of health in industry were considered. First aid treatments as used in industry were then demonstrated by Miss Setka, an industrial nurse.

On Saturday afternoon there was an exceptionally large attendance to hear Dr. A. T. Mathers discuss war neuroses, and Dr. D. Nicholson who spoke of blood banks and their operation, followed by a discussion of the nursing care following blood transfusion, by Miss Beryl Seeman, head nurse at the Winnipeg General Hospital.

Speaking on "Milestones we have passed," Miss Elsie J. Wilson, convener of the legislative committee of the Manitoba Association of Registered Nurses, said that the registration act for nurses, passed in Manitoba in 1913, was the first legislation of its kind in Canada. With this and subsequent amendments to the Act in 1920, 1923, and 1929, it was hoped that the needs of the nursing profession would be realized by educational authorities of the province and that new kinds of professional training would be organized by the province as the needs became manifest. "Nurses by themselves can no longer cope with the problem of staffing hospitals and providing adequate nursing service for the people of Manitoba", said Miss Wilson.

Following the installation of the new officers, the president, Mrs. A. C. McFetridge, presented Miss Eula Butzerin with a "Bundles for Britain V for Victory" pin.

A very successful convention was climaxed by the annual banquet at which 150 nurses gathered to enjoy a most pleasant evening. Captain A. M. Pratt, guest speaker, was both inspiring and assuring as he told of his experiences "over there" where pathos and humour are so often encountered side by side. He urged that we keep faith with ourselves and our ideals of freedom and the need for a spiritual force to defeat the evil threatening civilization. Miss Lois Kelly, social convener, and her committee were again to be congratulated upon the artistic arrangements of the banquet and place cards. "The Album of Nursing" — a tableau in twelve scenes depicting the outstanding personalities in the history of nursing from 390 A. D. to the present day nurses, directed by Mrs. W. H. Anderson with Miss K. Parker as narrator, was a delightful epilogue to an exceptionally enjoyable program.

It was most encouraging to see the interest displayed by student nurses from schools of nursing who attended many of the sessions as well as the banquet. The future seems much brighter when their enthusiasm and vitality is encountered and we feel that the nursing profession will go on achieving its objectives in spite of the grave problems which now beset us. Exhibits of ward libraries, classroom projects and valuable illustrative material were on display and attracted many interested spectators. The students of one hospital contributed freshly dissected specimens of the heart, kidney, eye and lungs which demonstrated unerringly the value of such classes in the teaching of anatomy and physiology. In addition to the commercial displays, outstanding exhibits were sponsored by the Department of Health and Public Welfare and the nutrition department of the Cancer Institute.

Marion Botsford
Assistant Secretary, M.A.R.N.

The R.N.A.O. Annual Meeting

On April 8, 9, and 10, 1942, the Registered Nurses Association of Ontario held their seventeenth annual meeting in Windsor. Windsor is situated at the south-western end of the province and regardless of the high railway fare from many points, as well as the restriction of gas, there was a good representative attendance from all parts of Ontario. The actual registration was 327 including 47 student nurses as representatives from training schools throughout the Province. The general meeting was opened on Wednesday afternoon by the president, Miss Jean L. Church. The delegates were welcomed by a representative from the City Council and by the Chairman of the District. The president read greetings from Miss Grace Fairley, President, C.N.A., and also a message from Miss Jean S. Wilson, Executive Secretary, who regretted that it was impossible for her to attend. At the annual banquet, the speaker was Dr. Douglas Wilson, associate professor of psychology, University of Western Ontario, and his address, entitled "Love, Laughter and Salad" based on a book of the same name, was very entertaining.

The open meeting on Thursday evening was well attended and took the form of a symposium on "Leadership" including: "The Fundamentals of Professional Leadership" by Miss Marion Lindeburgh, M.A., Director, School for Graduate Nurses, McGill University; "Leadership in Public Health Nursing" by Miss Maude Hall, acting chief superintendent, Victorian Order of Nurses for Canada; "Wanted — Leaders in the General Nursing Section" by Miss Madalene Baker, chairman, General Nursing Section, C.N.A. These addresses were very inspiring both to the nurses and to the public. Following this meeting, the nurses of Windsor entertained the delegates at an informal reception. We appreciated this opportunity to meet fellow-members and discuss problems which it was impossible to do during the busy days of meeting.

On Thursday morning, through the sympathetic co-operation of Dr. R. B. Robson and Mrs. W. H. Cantelon, arrangements were made for conducted tours of industrial plants. The nurses were divided into two groups, one going to the Ford Motor Company of Canada and the other to the Chrysler Corporation. The student nurses were taken through the Essex Wire Corporation. Transportation to and from the plants was provided by the firms. The R.N.A.O. appreciates the courtesy and privilege granted to the delegates. The opportunity to view the activities of these three firms engaged in wartime production was an outstanding feature and will be long remembered. Following the tour the delegates were guests of the industrialists of Windsor at a luncheon, when the speaker was Miss Iva Wait, R.N., Girls' Counsellor AC Spark Plug Division, General Motors Corporation, Flint, Michigan. We greatly appreciated having Miss Wait attend our meeting to give us a brief history of industrial nursing in the United States and to tell of the development of her work with the General Motors Corporation. In the afternoon the Section business meetings were held concurrently.

The reports of the standing and special committees were presented on Wednesday afternoon and at the sessions on Friday. The membership committee reported that on December 31, 1941, the membership was 5,171 and to date the membership for 1942 was 4,226. The reports of the administrative and trust fund committees of the Permanent Education Fund showed that in 1941 loans to the amount of $1,625 were granted, and since 1937 that there had been 32 loans, mounting to $6,725, granted. It is encouraging to note that ten of these loans have been repaid in full and that on others regular re-payments are being made. The suggested revision of the policy, which is considered at least every three years, was presented and discussed and, with certain changes, adopted. As $1,100 had already been granted for loans in 1942 and as requests are increasing, the general meeting passed a recommendation that the total amount available for loans in 1942 be $2,000. The nurses are requested to contribute 25 cents towards this fund when renewing their membership or when making application for membership; this request will be continued and the committee has been asked to consider ways and means whereby the fund may be built up in order to meet the ever-increasing demands. The convener of the aid to the British Nurses Relief Fund Committee reported that since February 1941 the total contributions received and forwarded to National Office amounted to $19,072.56.

The report of the Committee for the Emergency Nursing Adviser stated briefly the activities of this committee in relation to furthering in Ontario the recommendations of the Canadian Nurses Association. Miss Kathleen Ellis was in Ontario from March 6 to 19, inclusive, and visited seven centres. Miss Marjorie Buck, superintendent of the Norfolk General Hospital, was appointed as Emergency Nursing Adviser in Ontario to act in conjunction with Miss Ellis. Miss Buck presented a comprehensive report on her work. Following discussion, a recommendation from the Committeee on Nursing Education was presented and passed: "That this committee recommends strongly to the Board of Directors, Registered Nurses Association of Ontario, that the period of service of the Ontario Emergency Adviser should be extended for as long as is financially possible, since in two months one can but prepare the way for effective effort".

The Registry Committee, in connection with the re-organization and the organization of registries, has been very active. The report presented by the convener recalled the fact that at the annual meeting in 1941 the appointment of a registry organizer was considered. The committee recommended that Miss Madalene Baker be the appointee and were delighted when her services were secured for this important task. Miss Baker stated that ten places had been visited on a trip through Northern Ontario and to Fort William and Port Arthur. As a result, a registry was organized which will serve Fort William and Port Arthur, and another registry was organized in Sudbury. Plans are now completed in Sault Ste. Marie and are under consideration in North Bay. In several centres, they are following the suggested set-up as far as possible. Each of these registries are using the uniform standard record cards, the constitution and the rules and regulations as suggested by the Registry Committee and approved by the Registered Nurses Association of Ontario. (We would like to add that since this meeting in Windsor the Central Registry for Graduate Nurses in Toronto has re-organized and that Miss Baker is now on a trip through Eastern Ontario).

The Registry Committee also reported the demonstration for the training of practical nurses conducted by the London Central Registry. The committee recommended "That the Registry Organizer be asked to continue with the work"; this was adopted by the general meeting and the Board of Directors report that Miss Baker is willing to carry on this work.

Among the other reports presented was one from the Council of Nurse Education and another from the Canadian Nurse Circulation Committee following which the delegates were pleased to hear from Miss Ethel Johns, editor and business manager. Reports were also received from the committees on eight-hour duty for nurses, health insurance, national enrolment of nurses, and history of nursing, as well as from our representatives to the Board of Governors of the Victorian Order of Nurses for Canada, the Canadian Women's Voluntary Service, the Ontario Civilian Defence Committee, and the Wartime Prices and Trade Board. The Committee on Professional and Educational Exhibits were active and obtained a splendid display not only of interest but of educational value. The exhibits from the commercial firms were of interest to all and the Association appreciate the continued co-operation and support of these firms. On Thursday the delegates were guests of the Ladies' Aids of the three Windsor hospitals at a tea and the visiting student nurses were guests of the student nurses of Hotel-Dieu and Grace Hospitals. A luncheon was also arranged for the Canadian Nurse Circulation Committee.

The officers for 1942-43 are president, Miss Mildred Walker, London; first vice-president, Miss Jean Masten, Toronto; second vice-president, Miss M. Blanche Anderson, Ottawa; secretary-treasurer, Miss Matilda E. Fitzgerald, Toronto. The meeting in 1943 will be in Toronto.

MATILDA E. FITZGERALD
Secretary-Treasurer, R.N.A.O.

Overseas Mail

Miss Lorraine Miller has kindly sent us some interesting excerpts from a letter written by her sister, from Sierra Leone, West Africa, where she is now stationed with her husband, who is a member of the Royal Navy. She is a graduate of the School of Nursing of the Winnipeg General Hospital.

I am not working this morning so here goes for the weekly letter, everything being under control and the "boys" all busy. (I should explain that the "boys" are black native servants). Suri, my "small boy", has had a huge swelling on his neck which the Clinic has diagnosed as septic lymphangitis. I have been given him light work and keeping him here, for the poor fellow has no real home or bed to go to. The hot water bag came in handy even if it had perished at the top. I mended it with elastoplast and, by putting just a little water in it, we managed to keep up continuous heat and to bring the infection to a head. It was quite a ceremony this putting on of fomentations. I had an audience of seven "boys", with eyes wide and mouths gaping, and every time I put the steaming gauze on Suri's neck everybody squealed except Suri. The heat evidently felt really good to him. I feel that I have done a little public health work, for now eight "boys" know how to prepare and apply fomentations.

Yesterday I had a very interesting and enlightening time when I was taken all over the local hospital for natives. It is a huge place consisting of a number of separate buildings of two floors each, connected by a wide and airy passage. They have a resuscitation ward for emergencies, male and female medical and surgical wards, a children's department, two operating theatres, and a maternity department in a separate building. The wards are presided over by one nurse, male or female as the case may be, Africans of course, with white Sisters acting as supervisors.

They call the babies "piccin" and they are sweet little things, so quiet and good. One "piccin" of eighteen months had pneumonia and could hardly breathe. The supervisor told the nurse to sit the baby up but she retorted that the child did not stay in a sitting position. I could not help taking a couple of pillows and improvising a sort of Fowler's position and I am glad to say it helped the baby a lot. Another "piccin", nine months old and well developed, had had a spina bifida removed and was doing well. The most interesting case was a "bush baby" who had just been admitted with some unknown eye condition. Her eye was so swollen it looked just like a tennis ball.

The maternity was my chief interest. The bassinets are completely draped in mosquito netting and are supported on an iron frame over the foot of the mother's bed. The "piccins" have no identification whatsoever but the nurses assured me that they knew each one and never mixed them. The native mothers are gradually coming to the hospital to have their babies but usually discharge themselves on the third or fourth day. The "piccins" are washed every day and the mothers are shown how to do it. Although they wear nothing and play around in dirt as soon as they can walk, the children do keep fairly clean. They are bathed in cold water twice a day and oiled, and their little brown bodies gleam in the sunshine. The mothers are given extra milk but like their rice best of all. One "piccin" had a beautifully shaped head and curly brown hair — his mother was only fifteen but looked twenty-five and said this was "the first piccin she done born".

A little girl had been brought in from up-country with a compound fracture of the leg, five inches of femur sticking out of the flesh just above the knee. The injury was a week old, the bone dead and sloughing away and they did not expect her to live. However she did. The dead bone cleaned itself up, and there was no further gangrene, so they did a reduction and applied traction, and the child is recovering, though one leg is shorter than the other and drawn inwards like a club foot. I also saw a man who had had a ruptured bladder for three days before it was diagnosed, but did he get peritonitis? No, they just stitched up the bladder, inserted a catheter drain, and he is doing well. There was also a splenectomy, a youngster about eleven who did not know a word of English, but had heard the word "spleen" so often that when the Sister asked him how he was he replied, "Spleen palaver". The anaesthetist is African, trained in the United States, and is very good. Incidentally, the obstetrical Sister delivers all cases unless they are complicated.

The newspapers and magazines are simply grand, and we pass them all on to our friends here. *The Canadian Nurse* usually goes to the nurses at the Connaught Hospital.

S. R. N. A. Head Nurse Institute

Sponsored by the Saskatchewan Registered Nurses Association, Miss Ida MacDonald, assistant professor of Nursing Education in the University of Minnesota, recently conducted a highly successful "Head Nurse Institute", first in Regina, and later in Saskatoon. Her stimulating message, presented in four formal sessions plus many incidental contacts, was thought-provoking and practical. It was a challenge that we analyse our methods and attitudes and bore a wide application to general and specific nursing problems in the field of clinical teaching and ward administration. A total registration of 160 nurses was an index of the enthusiastic response of institutional, public health and private duty nurses of the two centres and surrounding towns. In Regina, the sessions were supported by nurses from the Regina General Hospital, Grey Nuns Hospital and the surrounding towns of Indian Head, Maple Creek, Swift Current and Moose Jaw. In Saskatoon, nurses from Melfort, Humboldt, North Battleford, Yorkton, Prince Albert, Eatonia, St. Paul's Hospital, Saskatoon, and Saskatoon City Hospital were present.

In Saskatoon, the chairman of the Institute, Miss D. Bjarnason, supervisor, Saskatoon City Hospital, opened the first session at St. Paul's Hospital by welcoming home Miss Ellis, who has lately returned from her duties as Emergency Adviser to the Canadian Nurses Association. The program followed this broad outline: the place of the head nurse in the organization; personnel policies; analysis of nursing needs and distribution of nursing hours; methods of assignments; problems related to the administration of medications; supervision of students' first performance of a procedure on the ward. At luncheon, Miss MacDonald spoke of the adjustments being made in the United States to meet the present war emergency. The afternoon session closed with two splendid demonstrations. Miss Ronan, B.Sc., of the teaching department at St. Paul's Hospital, presented a lesson to a class of preliminary students in microbiology, showing its relation to the clinical field. Sister Mandin, also of the teaching department, St. Paul's Hospital, then illustrated the teaching opportunities in a student's first demonstration of a procedure on the wards, choosing the administration of a hypodermic as an example. She demonstrated most clearly the importance of an understanding attitude to create a pleasant and helpful student-supervisor relationship.

The program of the second day was conducted at Saskatoon City Hospital and dealt with the planning of the student's clinical experience. A demonstration was given by Miss MacDonald of an initial conference with a student when coming to a new service. Miss Tedford, supervisor, obstetrical department, Saskatoon City Hospital, with students from her department, outlined the morning circle using as an example the clinical study of an eclamptic toxemic patient. A bedside clinic, conducted by Miss James, supervisor, Saskatoon City Hospital, illustrated excellent student participation in the study of a diabetic patient.

Miss E. Pearston, superintendent, Melfort Hospital, expressed the appreciation of Saskatchewan nurses to Miss MacDonald and Miss Diederichs, instructor, Gray Nuns Hospital, Regina, president of the Saskatchewan Registered Nurses Association, presented a small token of esteem to Miss MacDonald on behalf of the S.R.N.A. Miss MacDonald's enthusiastic attitude, helpful instruction and effective demonstration, will do much to stimulate a program of clinical ward teaching in the schools of nursing in this Province.

— Dorothy Duff

Student Nurses at the R.N.A.O.

Under cover of darkness by night, or rain and snow by day, we student nurses invaded Windsor in order to attend the annual meeting of the R.N.A.O. Privileged to penetrate into all but private rooms, we spent the better part of three days, attending business sessions, viewing, exhibits, visiting, eating, and enjoying each other's company with the friendly inquisitiveness of people belonging to the same profession. All three days were as lively as any spent on a hospital floor. Never before have we realized quite so fully what a great deal of steady and sometimes unappreciated work goes on within a nurses' organization. Nor do we know many of the women who carry on such activities but it is due to their efforts that we benefit from new and progressive ideas, and support and due credit should be given them. We applauded silently these women who could with perseverance and deep interest carry on through three days of heavy business, and remain apparently fresh and unfatigued.

These sessions concerned the students quite intimately, especially as means for improving our education and welfare were discussed at some length. It is becoming evident that nurses will be increasingly necessary in hospital, home and industry, and for this education in many forms is necessary. The means of providing this education received much thought, and it was suggested that, if nursing is to be made a definitely educational and cultural profession serving the public, the best class of candidates should be attracted to it.

The professional exhibits attracted many of us. There were several on the history of nursing, others on nursing in the army, an isolation unit and posters on every conceivable subject connected with nursing. Much care and labour must have been needed to complete any one of them. The tour to the Essex Wire Plant was an adventure for us all and there we were shown the office and duties of an industrial nurse. And lastly, none of us will forget the pleasant tea at Hotel-Dieu and the good time we had seeing through the hospital afterwards. It was with regret that we took leave of our hospitable hosts and newly-made friends.

Ruth Lawford
Brockville General Hospital

STUDENT NURSES PAGE

Case Study of Treatment of Haemolitic Jaundice

BARBARA CONVERY
Student Nurse
Mack Training School, St. Catharines General Hospital.

In introducing this case study, it is necessary to explain that it has been written purely as such. It is designed to stress the fact that nursing can be so much more interesting, so much more inspiring, and can call forth the best in one, if the nurse sees the reasoning behind her nursing procedures. It is often said nurses are too mechanical, too unimaginative in their work. This indeed is true in many instances but it is a fault that we can correct by having inquiring minds. Whether or not we know why we are doing what we are doing makes the difference between good nursing and indifferent nursing.

The patient, a boy of twenty, was admitted to hospital for splenectomy with the typical symptoms of haemolytic jaundice. He had the greenish jaundice and icteric appearance of the eyeballs due to the amount of bilirubin in the blood, and the easy haemolysis of red cells. He appeared under-developed and undernourished. The spleen was palpable from under the rib margin to below the umbilicus. Laboratory tests revealed his haemoglobin to be 38%, and red cell count 3,000,000. There was increased fragility of red cells, a finding constant in all cases of familial haemolytic jaundice before and after splenectomy—that is, red cells are more readily haemolized in a hypotonic solution of sodium chloride.

Because patients with haemoglobin of less than 60% and a low red cell count are not considered good operative risks, the boy was typed for transfusion. In typing the donors, it was found that his brother had the same type of blood—that is, small cell volume and similar gold-coloured serum (a finding in anaemia). He also had a low haemoglobin, exactly the same cell volume as his brother. This fact further proved the diagnosis of familial rather than acquired haemolytic jaundice. Apparently, from personal history, the patient had experienced none of the crises of vomiting and pain usually attendant upon the disease. As a preparation for operation, a transfusion of 400 c.c. of citrated blood was given pre-operatively, and a transfusion was also given during the operation. As a result, the patient's haemoglobin was raised to 58% and his red cell count to 5,480,000. Pre-operatively his clotting time stood at 2¾ minutes.

The spleen was removed through a left rectus incision. The connecting vessels, which appeared to be normal, except that some were longer than usual, were tied off. They showed no evidence of calcified areas, and the liver also appeared normal. The spleen itself was four times the normal size, weighing 1100 gms. and was quite adherent to the diaphragm. The patient's immediate post-operative condition was fairly good. An intravenous of 1000 c.c. of 5% glucose in normal saline had been started in the operating room. However, on the first day post-operative, he developed an acute dilatation of the stomach and the temperature rose to 103 degrees and his pulse to 120. The pulse and heart action were of poor quality because the heart muscle had been poorly nourished for years due to the anaemia, and was not prepared to bear the extra strain. At intervals the pulse was racing, 130-180, and the heart action was of a "rolling" type. A 50-50 mixture of oxygen and air was administered along with digitalin gr. 1/100 at these periods. In this particular case, digitalin proved a very satisfactory heart tonic; each time it was given, the pulse became steadier and the beat more distinct. The oxygen was of definite value as a stimulant and stabilizer. Naturally nursing care was of major importance here. The patient might easily have died during any one of these periods, if they had been missed and prompt action on the part of the nurses had not been taken. For this reason it is important for nurses to have a good knowledge of the physiology of a case. Perfunctory nursing is not enough.

As treatment of the dilatation, a Levine tube was passed, and left in position for three days. There was profuse drainage of dark, reddish brown fluid, and later of green fluid. Pitressin 0.5 was given every four hours for seven doses. The patient was allowed nothing by mouth for three days, but an intravenous of 5% glucose in normal saline was administered continuously, and ice chips to suck ad lib. On the second day a small enema was given with satisfactory results, and the abdomen gradually became softer. However the temperature continued to rise to 104 degrees—105 degrees, and periods of weakened heart action recurred. Examination of the chest revealed only slight crepitant râles in the left base, indicating moisture in alveoli, but no impaired resonance. This condition probably was caused by the freeing of the spleen from the diaphragm, but in any case not sufficient to warrant such a high temperature. Soludagenan was given more as a prophylactic than as a therapeutic measure.

From these facts, it was concluded that the patient was developing a portal thrombosis, one of the commonest complications of splenectomy. It was at this point that heparin, among the newest of medical wonders, made its entrance. At 3.30 on the morning of the second day post-operative, the first dose of 1000 units was given in the solution of 5% glucose in normal saline. The course of treatment in this case was not typical, nor were the results. The dose varied from 800 units per hour to 4000 units per hour, given in 5% glucose in normal saline running at the rate of 35-50 drops a minute, until 120,000 units had been given. The clotting time which was checked every three hours, using capillary tube method, started at six minutes after 7000 units of heparin had been given and fell to one minute after 16,000 units. At this point the T.P.R. was 105 degrees, 160, 36, and the patient appeared to be dying. This crisis, in which clotting time drops to almost nothing, is apparently typical of the action of heparin. Twenty thousand units were given within the next five hours, and the clotting time began to rise, not steadily, but varying back and forth from nine to three minutes. The dose was reduced to 2000 units and then to 1500 units per hour, until suddenly on the third morning the clotting time rose to twenty minutes, and the heparin was stopped. Three hours later the clotting time went down to three minutes, and heparin was administered again, until 120,000 units in all had been given. This is a short course of heparin treatment. It was interesting to note that after the crisis the temperature began to drop to 103 degrees — 101 degrees and did not rise again. The pulse-rate also went down and the digitalin was stopped because of its toxicity. The clotting time finally settled at a constant of four minutes.

Here again, in the administration of the heparin and during this period of high temperature, nursing care played an important part. It was necessary to see that the intravenous was running at the proper rate, and it was essential that the clotting time be checked frequently and accurately. Cold sponges were given every three to four hours, and although they proved of little value in reducing temperature, they helped keep the patient comfortable and refreshed, and the temperature from going higher. This was a factor in this case because this patient put up a really amazing fight for life.

Subsequently his temperature went down to normal, his pulse levelled off at 80, and the pre-operative jaundice disappeared. After one day of exhausted sleep, during which he was very pale, the change was dramatic: his cheeks became a normal, healthy pink, his appetite was excellent, his sense of well-being and disregard for his illness were astounding. He was discharged on the fourteenth day post-operative with a prognosis of from ten to twenty years of fairly normal life.

Instructor's Note: This case study was written by a third-year student nurse and makes no pretence at being a nursing study. The work was done primarily for the student's own satisfaction and on her own initiative, and she has explained the reasons for her effort. The study was submitted to the surgeon in charge of the patient, and to the hospital pathologist. The reference books from which she received most help were Boyd's "Surgical Pathology", and "Pathology in Internal Diseases". The question is often raised as to the advisability of a student's attempting to go beyond the recognized limits of the nursing aspects of a case study. In this instance, the fact that the student did an excellent piece of work in her care of the patient, would seem to show that her interest in the theoretical aspects of the case had proved an incentive of great value in her effort to do nursing worthy of the name.

Ontario Public Health Nursing Service

Miss Bessie Skinner (Toronto General Hospital and University of Toronto public health nursing course) and *Miss Alberta Upshall* (Toronto General Hospital and University of Toronto public health nursing course) have been appointed to the staff of the Guelph Board of Health. The nursing service of this Board is being extended and *Miss Ethel Eby* has been appointed supervising nurse.

Miss Lorraine Larsen (St. Michael's Hospital and University of Toronto public health nursing course) is now with the Board of Health at Owen Sound.

Miss Gladys Jackson (Toronto General Hospital and University of Toronto public health nursing course) has been appointed senior nurse on the Woodstock Board of Health.

Miss Helen Gardner (St. Luke's Hospital, New York City, and University of Toronto public health nursing course) is assisting Miss Jackson at present.

Miss Jessie F. Smith (Toronto General Hospital and University of British Columbia public health nursing course) has accepted the post of public health nurse at Parry Sound. This is a new service and the program will include communicable disease, tuberculosis and school nursing.

EXHIBITORS AT THE GENERAL MEETING

Nurses once more will have the pleasure of visiting the exhibits of several business firms whose representatives will be with us again this year at the General Meeting. The booths will be in the Rose Room of the Windsor Hotel. Nurses will be welcomed and information given on the products displayed. The following list includes only those firms who had made reservations before May 1.

Bristol-Myers Company of Canada Limited

Montreal, Que. Booth No. 2

Bristol-Myers Company of Canada Limited will have an exhibit in which three of their well-known products will be featured: Sal Hepatica, Ipana Tooth Paste, and Mum Deodorant.

A recent survey of a representative group of Canadian homes shows Sal Hepatica to be the most versatile of a whole list of products used to treat conditions of the digestive and eliminative tracts. Not only does it show up as a popular laxative, but also as being widely used in treatment of upset stomach, headaches, colds, rheumatic pains, kidney and liver disorders, and as a general "tone-up" of the system. Ipana Tooth Paste is one of the most widely used dentifrices, especially designed to aid gums to health firmness, as well as to keep teeth bright and sparkling. It is used personally by more dentists than any other dentifrice.

Mum, of course, is the popular cream deodorant that completely stops objectionable perspiration odor without hindering healthful perspiration. It is the most popular underarm deodorant for daily use, and is also widely used on sanitary napkins and perspiring feet.

The Macmillan Company of Canada Limited

Toronto, Ontario. Booth No. 7

The Macmillan Company of Canada Limited extends to Macmillan and Company Limited of London every good wish in its Centenary year. A hundred years of book publishing is a long record and The Macmillans' list of authors is an honourable record of great names.

Past achievement, however, is only of value as an incentive to present effort and it is our sincere hope that we are building a reputation that will carry on the tradition of service set by our founders. With pride in our parentage we remember that today we stand on our own feet — a Canadian Company in name and in fact. At the Macmillan Exhibit you will find a display of new and standard nursing texts and nursing literature of especial interest in every field.

J. B. Lippincott Company

Philadelphia Montreal London, Booth No. 8

J. B. Lippincott Company offers an interesting display of Nursing Text and Reference Books. Particularly emphasized is the demonstration of basic text books now co-ordinated for easier and better teaching. The correlation of texts in Medical Nursing, Surgical Nursing, Nutrition and Pharmacology has proved itself to be an important step in the progress of Nursing Education.

Be sure to see the display of clinical books for the graduate nurse.

J. B. Lippincott Company celebrates
150 years of publishing in 1942.

A. Wander Limited

Peterborough, Canada. Booth No. 9

New Improved Ovaltine will be featured at an exhibit of A. Wander Limited. New

Improved Ovaltine has been available now for almost a year. This product contains much more than ever before vitamins A, B_1, and D and the minerals calcium, phosphorus, and iron. The appearance and flavour of this delicious beverage has not been altered, but its nutritional value has been greatly enhanced. All those attending the convention will be welcome at the Wander booth, where Ovaltine will be served, and Mr. C. W. Stewart, who will be in charge of the exhibit, will be pleased to give full information regarding all Wander products.

Gibbons Quickset Jelly Powder & Desserts

Toronto, Ontario. Booth No. 10

Greetings from Gibbons! At Shirriffs exhibit a cold glass of Lime Rickey is waiting for you — With our Compliments.

Ayerst, McKenna & Harrison, Ltd.

Montreal, Que. Booth No. 11

Ayerst, McKenna & Harrison Limited will feature their group of Vitamin B complex preparations which are known by the name "Beminal". This group, comprising six distinct products, offers a variety of forms and potencies of vitamin B complex to facilitate the selection of treatment to suit individual requirements. In the high potency field, "Beminal" Tablets and "Beminal" Concentrate provide convenient forms for oral administration and "Beminal" Injectable is designed to meet the need for potent B Complex when parenteral therapy is desirable. "Beminal" Liquid, "Beminal" Compound, and "Beminal" Granules are effective in cases of the less severe deficiencies.

Among the other Ayerst products to be shown is included "Alphamin", a biologically standardized preparation, which furnishes a convenient means of supplementing the diet with essential vitamins and minerals during pregnancy and lactation, adolescence and convalescence.

The Denver Chemical Company

New York & Montreal. Booth No. 12

In booth No. 12 Antiphlogistine will be exhibited. This, the original kaolin cataplasm, a favorite product with nurses for a half-century, is used by physicians everywhere in the treatment of inflammatory and congestive conditions. Antiphlogistine, in a class by itself, now as always, has never been successfully imitated.

Galatest, the dry reagent for the instantaneous detection of urine sugar, will also be exhibited. This product, now used routinely by many leading hospitals and by more and more private practitioners every day, is accurate, speedy, economical and labor-saving. Be sure to see Galatest demonstrated.

Lehn & Fink (Canada) Ltd.

Toronto, Ontario. Booth No. 14

Nurses will be particularly interested in this attractive display of Hinds Honey & Almond Cream, Hinds Hand Cream, Hinds Deodorant Cream, Pebeco Tooth Paste and Powder—and the lovely Dorothy Gray line of cosmetics. These products have leaped to a new high in Canadian popularity. A complete variety of colours, shades and sizes of Dorothy Gray face creams, powders, lipsticks, etc. will bring you right up-to-date on the latest available creations.

Lysol, by far the most popular and widely used antiseptic and disinfectant in Canada for over 50 years, will also be on display. Lysol is available in three sizes to consumers in all drug stores from coast to coast. Lysol is also available to hospitals in large quantity containers at a reduced price. Lysol is a proven product — extremely popular for feminine hygiene and as a household disinfectant. Lysol has a phenol co-efficient of 5. Lysol is economical, because it is concentrated and requires dilution with water; it is dependable, effective, has a cleanly odour, retains its powerful germ-killing strength indefinitely. Complete instructions are included with every bottle.

Right now Lysol is featuring a special booklet, "Wartime Manual for Housewives", which will be given away free by the dealer with each Lysol purchase. This well-written booklet is packed with helpful information and is arousing much interest.

G. H. Wood & Company Limited

Toronto, Ontario. Booths 15 & 16

G. H. Wood & Company, Limited, have

planned a very large interesting display for the forthcoming annual Convention at Montreal. We would especially draw your attention to their presentation of "Embossed Linenized Paper Tray Covers". It is quite apparent that these Tray Covers are proving very popular as a substitute for linen. Many hundreds of hospitals have adopted this service with complete satisfaction to all concerned. Their famous "Green Surgical Soaps" can still be supplied promptly from stocks.

Wood's "Floor Scrubbing and Polishing Machines", together with their "Cromax Liquid Floor Finish", provides an excellent team for effective and economical floor maintenance.

In addition to the above items, the complete Wood's line will be on display at their large exhibit. If for any reason you cannot attend the Convention, we would suggest that you write to G. H. Wood & Company, Limited, at Montreal or Toronto, or their nearest branch, and they will answer your enquiry without obligation.

Bland & Company, Limited

Montreal, Que. Booth No. 19

Twenty-five years ago when Bland and Company pioneered in Canada the first Nurses' Tailored Uniforms, there was no shortage of cotton, nor any limit on the width of hems, and the cottons in vogue were Gabardenes and heavy British drill cloths. Prices began at $6.50 each, the popular line being at $8.50 each. The hems were eight inches wide and belts four and a half to five inches in width. In many cases sleeves were closed with a dozen pearl buttons. In addition everyone bought an underskirt to wear also. Compare such styles with today's requirements! In place of Gabardenes, the call is for fine Count cottons, in such weaves as Aeroplane or Poplin or Broadcloth; as a matter of fact, many nurses are wearing Sharkskin. Today we have an inch and a half hem, and a button or two on the sleeves. What a vast difference in the tastes of today and a quarter of a century ago!

Yet Bland still leads the way, for his products are worn by the very elite in the Profession, and enquiries reach this factory from purchasers extending from England to Australia, showing their confidence, with that of the vast majority of Canadian Nurses, in a good article, well made and cut with a dash of style.

McAinsh & Company Ltd.

Toronto, Ontario. Booth No. 22

McAinsh & Company Ltd., 388 Yonge Street, Toronto, booksellers specializing in books for the Nursing, Medical and Dental professions; agents for General Reference Works and a depot for all books of current literature; representatives in Canada of The Literary Guild, a popular club through which members have the privilege of purchasing monthly selections at definite savings. McAinsh & Co. Limited was founded in 1885 and through fifty-seven years of continuous service has merited the confidence of book buyers throughout Canada. The past year has been one of the best in the company's history and the program is one of expansion — orders of any size are handled expeditiously. Catalogues, circulars and quotations are sent on request. You are invited to consult McAinsh & Co. Limited regarding your needs. See Mr. B. T. Ripley at the Convention Exhibit. He will be glad to discuss the question of text-books, or give information on recommended lists.

Charles Gurd & Co. Limited

Montreal, Que. Booth No. 23

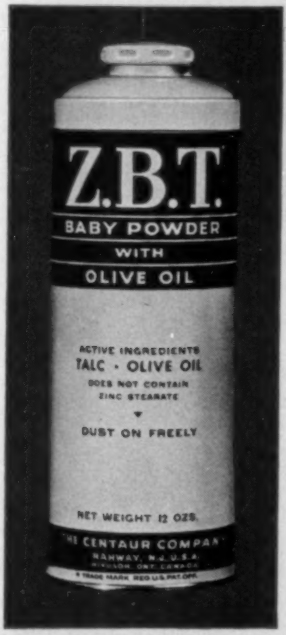
Charles Gurd & Co. Limited, Canada's 73 year old manufacturer of carbonated beverages, will again exhibit at the General Meeting of the Canadian Nurses Association.

Besides being famous as the makers of Gurd's Belfast Ginger Ale and Dry Ginger Ale, so often recommended by the Medical Fraternity for postoperative cases, as well as for general hospital use, Gurd's now also manufacture a high quality, easily prepared "Hot Chocolate".

Gurd's "Hot Chocolate" is a mixture of fine cocoa, powdered whole milk and pure cane sugar especially prepared so that boiling water only need be added to make a hot nourishing beverage.

Nurses will find that this product is exceptionally useful not only for patients but

"Nurse, no girl should be without Z.B.T. with Olive Oil!"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BABY POWDER
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Z.B.T. protects better against chafing, helps keep baby more comfortable

NURSE, just feel that extra-smooth, silky "slip" when you rub Z.B.T. between your fingers. That is how Z.B.T. Powder with Olive Oil acts in tender skin folds. That is the reason for its better protection against chafing.

Z.B.T. promotes the healing of prickly heat, diaper rash and similar minor skin irritations. And this moisture-resistant, long-clinging powder with olive oil guards baby more effectively against wet diapers and perspiration.

It will cost you nothing to try Z.B.T. Powder — to prove to yourself its many advantages in infant and adult skin care. Clip the coupon below for your free professional package.

FREE! The Centaur Company, Dept. D-62, 1019 Elliott St. W., Windsor, Ont.

Please send free professional package of Z.B.T. to:

Name ____________________

Address ____________________

City ____________ *Prov.* ____________

for themselves as a healthy "pick-up" when tired.

Many thousands of one ounce envelopes have been shipped overseas to the Canadian forces and it is also being used constantly in one of the convalescent hospitals in England.

Charles Gurd & Co. Limited wish to extend best wishes to all nurses attending their Biennial General Meeting.

The J. F. Hartz Company Limited

Montreal, Que. Booth No. 24

The J. F. Hartz Company of Montreal Limited welcomes the Canadian Nurses to their Convention being held this year in Montreal. Although we are at war and medical and surgical supplies are becoming increasingly difficult to obtain, we believe that you will find the display in our booth, number 24, both interesting and informative! We also hope that you will find time to visit our Headquarters, located at 1434 McGill College Avenue, where our staff will be pleased to serve you in every way possible.

Reckitt & Colman (Canada) Ltd.

Montreal, Que. Booth No. 25

The following is quoted as some indication of the value of "Dettol" Antiseptic and "Dettol" Obstetric Cream in the field of obstetrics: "Dettol", in the form of a 30 percent cream, has been employed as a routine for the hands and vulva in hospital cases for the past two and a half years. During this period the incidence of infections due to all grades of haemolytic streptococci has undergone a reduction of more than 50 percent when compared with a similar period immediately prior to the use of "Dettol" and, since there has not been any other change in antiseptic procedure, I think the improvement may fairly be ascribed to this factor. — L. Colebrook, "The Prevention of Puerperal Sepsis", Journal of Obstetrics & Gynaecology of the British Empire, Vol. XLIII, No. 4, 1936.

Vi-Tone Sales Limited

Hamilton, Ontario. Booth No. 30

Mr. Gordon Anderson, Advertising Manager of Vi-Tone Sales Limited, extends a cordial invitation to all Convention delegates to the Vi-Tone Booth to be opened right in the Windsor Hotel. It is being planned as an attractive oasis to which you may turn aside to refresh yourself with ice-cold Vi-Tone whenever the impulse strikes you. New sample tins of Vi-Tone will also be distributed. Mr. Anderson will be personally present to welcome all visitors, and trained attendants will be on hand at all times to answer any questions regarding the dietary qualities of Vi-Tone.

NEWS NOTES

ALBERTA

PONOKA:

The annual meeting of Ponoka District No. 2, A.A.R.N., was held recently at the Provincial Mental Hospital. The following officers were elected to serve during the coming year: Chairman, Miss M. Foster; vice-chairman, Miss Harle; secretary- treasurer, Miss N. Leckie; representative to *The Canadian Nurse,* Miss O. Websdale; representative to collect monthly donations for the British Nurses Relief Fund, Miss K. Westerlund. Miss R. Scott, a delegate to the recent convention, then gave an enjoyable and comprehensive report. Following the meeting lunch was served.

Miss M. McLean, instructor of nursing, Provincial Mental Hospital, left recently for active naval service.

LETHBRIDGE:

On Sunday, May 3, nurses of Lethbridge and district gathered at St. Augustine's Church for the Nurses National Day of Prayer. The Rev. Paul C. Wade gave a stirring address, with many in attendance.

EDMONTON:

Royal Alexandra Hospital:

At a recent meeting of the Royal Alexandra Alumnae Association Miss M. S. Fraser gave a most interesting report on the annual meeting of the A.A.R.N. Mrs. F. Ferrier reported on the refresher course which the Alumnae Association is sponsoring. Over 40 nurses who have retired from active nursing are taking the course so as to be prepared for any emergency which might arise on the home front. The course will consist of lectures and demonstrations on the newer methods of treatment, drugs, etc. The Alumnae Association donated $40 to the Kinsmen Milk for Britain Fund; this was half the proceeds from a dance held in February. Mr. W. H. Phillips gave a most interesting talk at the close of the business session on "Thrift".

The Student Nurses Choral Club and the Dramatic Club were recently entertained by the Alumnae Association following a concert, part of the proceeds of which were donated to the Red Cross.

The regular monthly meeting of the Royal Alexandra Hospital Alumnae Association was held recently. Mr. T. B. Skidmore gave us a most interesting talk illustrated by technicolour pictures of Utah which was much enjoyed. The Student Nurses Choral Club sang a "school song" for the approval of the Alumnae Association.

Miss Evelyn Sutherland, Miss Sadie Macdonald, Miss Rita Cameron and Miss Selma Hall left recently for military duty in South Africa. Mrs. Dorothy Halpenny has resigned from the operating room staff for duty at a Naval Hospital in Newfoundland. Miss Phylis Hall leaves shortly for military duty.

BRITISH COLUMBIA

VANCOUVER:

The Science Girls Club, whose members have university degrees in nursing, was organized in 1933. Over 60 members are now enrolled. Last February, we put on a Penny Carnival at the V.G.H. auditorium as our first effort to raise funds for the British Nurses Relief Fund. The entertainment included roulette, bingo, horse-racing, miniature golf, fortune-telling, and music. There were gay booths of home cooking, plants, trinkets, and candy. Coffee and doughnuts were also served, and there were door prizes and raffles. One hundred and sixty-seven dollars was raised towards the fund.

MANITOBA

BRANDON:

The annual meeting of the Brandon Graduate Nurses Association was held recently with a good attendance. The activities

Why **do the majority of leading Canadian hospitals now use 'DETTOL' the British Antiseptic?**

1 **'DETTOL'** Antiseptic can be used at really effective strengths without danger or discomfort.

2 **'DETTOL'** is stable in the presence of blood, faeces and other organic matter. A 2% solution rapidly kills haemolytic streptococci and B. Coli even in the presence of pus.

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'DETTOL' Antiseptic Offers ALL These Qualities:—

- A powerful antiseptic
- Non-poisonous
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- Agreeable odour
- Concentrated — economical in use
- Gentle to human tissue

Available through your regular druggist or surgical supply house in convenient prescription size bottles or larger containers for medical and hospital use. Write for literature and samples — Reckitt & Colman (Canada) Limited, Pharmaceutical Dept., 1000 Amherst Street, Montreal.

WANTED

Applications are invited for the position of **Night Supervisor** in an active five hundred bed general hospital in Ontario which conducts a School for Nurses. Send applications in care of:

Box 15, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

WANTED

Applications are invited from registered nurses for **General Duty** in a **Tuberculosis Sanatorium** of 360 beds. When writing please state previous experience, age, etc. The salary offered is $60 a month, with full maintenance. Address applications to:

Miss M. L. Buchanan, Superintendent of Nurses, The Laurentian Sanatorium,
Ste. Agathe des Monts, P.Q.

WANTED

Applications are invited for the position of **Instructor** for a School of Nursing in a fifty-bed General Hospital in South Western Ontario. This hospital is a progressive institution in an attractive location. Address applications in care of:

Box 16, The Canadian Nurse, 1411 Crescent St., Montreal, P. Q.

WANTED

Applications are invited for the position of **Operating Room Nurse** in a fifty-bed Hospital, for June 15. Applicants are preferred with some knowledge of X-ray and laboratory work. Apply, stating qualifications, to:

The Superintendent, Great War Memorial Hospital, Perth, Ont.

of the past year included refresher courses under the convenership of Miss E. G. McNally, and practical procedures have been demonstrated at each meeting of the Association. Many members have given invaluable help in the wards of the hospital when during the winter months it was filled to capacity. Financial and material aid has been given to the Brandon Welfare League, and donations amounting to $200 to the British Nurses Relief Fund. The Married Women's Section has been very active, their receipts totalling over $300. Assistance has been given by the section to the Red Cross. The Private Duty Section has also been busy with war work, as has the Downtown Group and the General Hospital Group.

Extremely interesting lectures have been given throughout the year by various outstanding speakers.

The Registry reports that all calls from the hospital and from the country have been filled. Eight-hour duty has been instituted for the private duty nurses.

The annual banquet of the B.G.N.A. was a great success. Nineteen members of the 1942 graduating class were the guests of honour.

All members of the executive were re-elected to serve during the coming year.

WINNIPEG:

Winnipeg General Hospital:

Approximately 20 head nurses from our

school attended the meetings of the Institute recently held in Winnipeg, under the leadership of Miss Ida MacDonald of the University of Minnesota. All sessions were interesting and profitable.

A number of W.G.H. graduates have joined the staff of the V.O.N. in Winnipeg, including Miss E. Willis (1941), Miss Margaret Burgess (1941), Miss M. MacLean (1942), and Miss G. Garnett (1942).

Mrs. A. C. McFetridge (Mildred Reid, 1924) was elected president of the M.A.R.N. at the annual meeting recently held in Winnipeg. Miss Edith Hunter (1941) has recently accepted a position with the social service department of the W.G.H.

The following marriages of W.G.H. graduates have recently taken place: Mary Wilson (1940) to Lieut. S. East; Alice Tretiak (1941) to Flight-Lieut. E. Daniel.

NEW BRUNSWICK

SAINT JOHN:

At a recent regular meeting of the Saint John Chapter, N.B.A.R.N., an interesting lecture on new drugs and their uses was given by Dr. Norman Skinner. A refresher course was recently conducted by the local chapter at the General Hospital, under the supervision of Miss Pringle, with 93 nurses in attendance.

The following graduates of the Saint John General Hospital, included in the second group of Canadian nurses chosen for military service in South Africa, have arrived safely: Nursing Sisters Alice V. Carney and Marion McGowan. The first group included Nursing Sisters Marion McAfee, Dorothy Brown, Ina Wetmore, Fern Townshend, Helen Stephenson, Cavell Lewis, and Margaret Goldsmith. A farewell party was given recently for Nursing Sister Mabel McKenzie, who has enlisted for military service in South Africa. A party was also given at the Saint John Tuberculosis Hospital in honour of Miss Mary Busby, who is leaving shortly for Montreal.

The following marriages have recently taken place: Josephine Cox to A. Biringham; Alberta Poore to George Skeldon; Arthenia Hickey to Frank Murray; Virginia Webber to George McDougall.

MONCTON:

The graduation exercises of the School of Nursing of the City Hospital were held recently, when 19 students received their diplomas and pins. The guest speaker was Dr. Collins of Saint John. A private reception was given to the graduating class and the guests following the exercises, and a dance, sponsored by the Nurses Hospital Aid, was also given in honour of the graduates.

"SAY! THIS IS SERVICE—EVEN TO MY FAVOURITE SOAP — PALMOLIVE!"

Nurses and Patients Agree:

PALMOLIVE

makes bathing more pleasant

● In nursing and hospital care, Nature's soothing oils of Olive and Palm have long been recognized for their beneficial effect on sensitive skin. Their inclusion in the making of Palmolive makes Palmolive the gentlest, kindest toilet soap known — the one soap not only safe, but actually good for even the most sensitive skin. Make your duties more pleasant, and please your patients by bathing them with mild, soothing Palmolive.

PALMOLIVE is one of the "little things" patients call important!

More patients use Palmolive at home than any other leading beauty soap!

THREE FAMOUS PRODUCTS

FOR BABY CARE

Baby's Own OIL
Baby's POWD
Baby's Own Soap

To nurses and mothers alike, one of the most important factors in baby care is the choice of *reliable* toilet preparations.

- ***Baby's Own*** **SOAP** has been the choice of generations of nurses and mothers because it is made *especially* for babies from the finest, purest materials obtainable. Baby's Own Soap contains lanoline, soothing to baby's delicate skin.
- ***Baby's Own*** **POWDER** is a scientifically manufactured borated talc prepared especially for babies to prevent skin irritation, chafing or rash.
- ***Baby's Own*** **OIL** is a pure, bland oil containing no antiseptic and especially blended for the delicate tissues of baby's skin. Non-sticky, it forms a protective film against moisture and irritation.

All three of these products are prepared particularly for use in the Nursery and are hygienically manufactured to measure up to clinical standards.

You may recommend Baby's Own Products with confidence.

Baby's Own
PRODUCTS

The National Day of Prayer for Nurses was commemorated on May 10 by the students and graduates of the City Hospital and Hotel-Dieu, and special services were held at Central United Church and St. Bernard's Church.

Miss Jane Hunt is stationed in Moncton as air stewardess on the new flight of the Trans-Canada Air Lines to Newfoundland. Miss Alice Newcomb and Miss Gladys Wilson have joined the R.C.A.F. as nursing sisters, and are stationed at Dartmouth, N. S.

Married: Recently, Miss Elizabeth Campbell to Mr. Gerald Trites.

CHATHAM:

On National Hospital Day many visitors from all the surrounding district made their way to the Hotel Dieu Hospital to visit its departments and to meet old friends. Over a hundred little tots, familiarly known as "Hotel Dieu Babies", came trooping through the halls, or crowing with delight on the arms of their smiling mothers. It was a pleasure to note that more that 90 percent of these citizens were either normal or overweight.

Reverend Mother Superior, and the Sisters, accompanied by the Ladies Aid, welcomed the visitors most cordially and lunch was served by members of our Hospital Aid. Open house was maintained and the visitors were invited to St. Michaels Auditorium where pictures, showing first aid workers in action, were displayed.

NOVA SCOTIA

HALIFAX:

A well attended meeting of the Halifax Branch, R.N.A.N.S., was held recently at the Nova Scotia Hospital, Dartmouth. Dr. Murray MacKay, superintendent of the Hospital, gave a most interesting and helpful address on modern problems in psychiatry. The Nova Scotia Hospital Social Club entertained the members and served refreshments.

The following nurses have enlisted with the Navy, and are stationed at the Naval Hospital, Halifax: Matron Marjorie Russell (Hospital for Sick Children, Toronto), Nursing Sisters Shirley Beck (Victoria General Hospital, Halifax), Vera Burton (Victoria General Hospital, Halifax), Eileen Davidson (Toronto General Hospital), Bonnie Dundee (Winnipeg General Hospital), Rae Fellowes (Royal Victoria Hospital, Montreal), Mary Irving (Montreal

General Hospital), Isabel Kee (Toronto Western Hospital), Beth Preston (Victoria Hospital, London), Patricia Rand (Jeffery Hale's Hospital, Quebec), Beryl Rutherford (Homoeopathic Hospital, Montreal), Janet Story (Halifax Infirmary), Hazel Tilling (Hamilton General Hospital), Jane White (Wellesley Hospital, Toronto).

NEW GLASGOW:

Aberdeen Hospital:

Miss Marjorie MacLellan and Miss Mildred MacDonald (1942) have accepted positions on the staff of the Colchester County Hospital, Truro. Miss Elizabeth Reed, who has been with the Victorian Order of Nurses in New Glasgow for the past three years, is now serving with the R.C.A.M.C. and is stationed at the military hospital in Sussex, N. B.

Married: Recently, Miss Elizabeth Kennedy (1934) to Gunner Reid Holland, R.C.A.

ONTARIO

DISTRICT 1

CHATHAM:

Public General Hospital:

Under the direction of the superintendent of the Public General Hospital, Miss Priscilla Campbell, a refresher course for married and inactive nurses of District 1, R.N.A.O., was held recently at the Public General Hospital in Chatham. This course was exceptionally well attended, having a registration of 55, and a daily average of 53. These nurses were extremely keen and interested. The program was as follows: Anaesthetics, by Dr. Allen Stewart and Miss D. Hooper; eye, ear, nose and throat, by Dr. S. M. Holmes and Miss W. Fair; x-ray, by Dr. F. I. Reid and Miss H. Stobbs; fractures, by Dr. W. Hardman and Miss V. Carnes; obstetrics, maternity ward and nursery, by Dr. J. L. MacArthur and Miss B. Lewis; surgical emergencies, by Dr. G. H. R. Hamilton and Miss D. Thomas; oxygen therapy and blood transfusion, by Dr. J. Moriarty and Miss L. Hastings; feeding the family in wartime, including feeding of hospital patients, by Miss Edythe Patterson, dietitian; nursing procedures connected with morning lectures, by Miss L. Hastings and Miss W. Fair; new drugs, by Dr. C. C. White and Miss F. Field; burns and wartime gases, by Dr. W. F. Charteris and Miss W. Fair. Op-

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has been one of the most widely used of standard medications —

1 It is a reliable antacid medication — three times as effective as a saturated solution of sodium bicarbonate.

2 It has a gentle, thorough laxative effect.

3 There are no carbonates liberated; hence no CO_2 bloating; minimal acid rebound.

4 No harsh cathartics; no danger of bowel irritation.

DOSAGE:

As an antacid: 2 to 4 teaspoonfuls

As a gentle laxative: 4 to 8 teaspoonfuls

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We will send you a professional package upon request.

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MEDICAL NURSING

By Edgar Hull, Christine Wright and Ann B. Eyl. The principles of general medicine are here presented for nursing courses by experienced instructors. Second edition. 169 illustrations. $4.40.

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By Harry C. Biddle. The essentials of inorganic, organic and physiological chemistry for nurses. New second edition. 201 illustrations. $3.75. Without laboratory manual, $3.45.

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Courses for Graduate Nurses

(1) A three-months course is offered in Obstetrical Nursing. (2) A two-months course is offered in Gynecological Nursing. For further information apply to Miss Caroline Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital.

(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to **Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.**

portunities for observation were arranged on the medical, surgical, obstetrical and children's wards. Miss Campbell was assisted in planning and managing the course by Miss Lila Baird.

LONDON:

Victoria Hospital:

A successful bridge and dance was held recently by the Alumnae Association of Victoria Hospital in aid of the British Nurses Relief Fund, and a substantial amount was raised. Our Alumnae Association extends congratulations to Miss Mildred Walker who has been appointed president of the R.N.A.O.

Mss Juanita Spettigue expects to leave shortly for military nursing service in South Africa. Interesting letters have been received from Miss Joe Monteith, Miss Christina Aiken, and Miss Irene Sadleir, who are on duty there. Miss Dorothy Price Wiggins has been called for duty with the naval service in British Columbia. Miss Kay Black, a member of the supervising staff of V.H., has joined the nursing service of the R.C.A.M.C., and is on duty at the London Military Hospital. Her position as supervisor of the communicable disease division of V. H. has been filled by Miss Grace Morris. Nursing Sister Edna Waugh, who was recently invalided home from active service in England, has returned to duty at the London Military Hospital.

DISTRICT 4

HAMILTON:

Hamilton General Hospital:

The following marriages have recently taken place: Marian Swent to Surgeon-Lieutenant A. K. Mighton; Elizabeth Simons to Jeffrey Robert Stutley.

DISTRICT 5

TORONTO:

Toronto Western Hospital:

At a recent meeting of the Toronto Western Hospital Alumnae Association the president, Mrs. Douglas Chant, was in the chair. Prof. R. O. Hurst, Dean of the College of Pharmacy, University of Toronto, gave a most instructive talk on the restrictions involved in the handling of drugs. He stressed the help which a graduate nurse can give in this work. Miss Jean Mitchell explained the need for the recent registration of all graduate nurses in the province. Miss Bertha Miles gave an interesting report of the R.N.

A.O. convention held in Windsor. It was decided that a second scholarship be awarded by the Alumnae Association, considering the great need for nurses with postgraduate study.

A very successful dance was held recently at which the graduating class were guests of honour.

PRINCE EDWARD ISLAND

CHARLOTTETOWN:

The following graduates of the City Hospital have recently joined the nursing service of the R.C.A.M.C.: Margaret MacEwen, Joanne MacDonald, Marcella MacDonald, Mary MacDonald, Catherine Collins, Helen Solomon, Margaret Campbell, Mary Croken. Miss Isabella Nicholson, surgical nurse at P.E.I. Hospital, has also joined the nursing service of the R.C.A.M.C.

Th following nurses have recently left for South Africa: Jean MacPhee, Leone Dockendorff, Claire Clohossey, and Eileen Howard, of the staff of the Provincial Sanatorium; Hazel Wood and Stella MacLean, graduates of P.E.I. Hospital.

Married: Recently, Miss Marcella Bell (P.E.I.H., 1941) to Mr. Wm. MacRae.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss A. B. McLauchlan has resigned her position as first assistant in the operating room in the Central Division. Prior to her departure, Miss McLauchlan was guest of honour at a tea when she was presented with gifts from Miss Holt and her staff, and the operating room staff. Miss McLauchlan leaves to take charge of the operating room in the Cornwall General Hospital.

Miss Lolita Best (1927) has been appointed Nursing Sister with the South African Military Nursing Service. Miss C. Lefebvre, Miss F. Buffett, Miss K. Hayward, and Miss E. Hillman, of the 1942 class, have accepted positions on the staff of the Central Division. Miss June Hawke (1941) is doing floor duty at the Vancouver General Hospital.

Married: Recently, Miss Alison S. Weldon (1934) to Mr. Frederick H. Goggin.

Royal Victoria Hospital:

The members of the Class of 1942 were recently the guests of the Alumnae Association of the Royal Victoria Hospital at a special meeting and reception held in the nurses home. In the recreation rooms, which were gay with spring flowers, Mrs. R. A. Taylor presided and welcomed the guests.

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The address to the class was given by Mrs. M. A. Stanley, and Miss F. Munroe announced the prize winners. The prizes given by the Alumnae Association for the highest aggregate marks in examinations for the three years went to Miss Beryl McRae in the first division, and Miss Margaret Woolner in the second division; prizes for general proficiency to Miss Eleanor Illsey in the first division, and Miss Elizabeth McRae in the second division. Dr. Tremble's prize for general proficiency went to Miss Kathleen Gallagher. Miss Barbara Whitley then entertained the audience with her clever sketches, and a buffet supper was served.

Nursing Sisters Helen Kendall and Janet MacKay have returned to Canada from England.

Miss Eileen Ferguson is now in charge of Ward G (men's surgical), and Miss Hope Ross and Miss Marguerite Webb are assistant staff nurses on Ward J (semi-private).

Married: Recently, Miss Marguerite McElroy (1937) to Mr. Harry Zelmer.

McGill School for Graduate Nurses:

A most enjoyable tea was given recently by the Class of 1941-1942 in honour of one of their members, Mrs. Richard Mungen, whose marriage took place recently. An honoured guest at this tea was Miss Julita Sotejo, superintendent of nurses in the Philippine General Hospital, Manila. Miss Sotejo is a Rockefeller student at the School of Nursing, University of Toronto, and paid a visit to the McGill School for Graduate Nurses. Miss Sojeto addressed the students, giving them an insight into nursing in the Philippines.

At the annual spring tea held recently at the School for Graduate Nurses, the Class of 1941-1942 were hostesses to their many friends. Spring flowers and the spacious rooms made a very attractive setting for this delightful event. Miss Lindeburgh, Miss Mathewson, Miss Archer, and Miss Trueman received the guests.

Married: Recently, Miss Elizabeth Thompson to Dr. Richard Mungen.

St. Mary's Hospital:

The following nurses are now holding industrial positions at the Canada Car & Foundry Co. at St. Paul l'Ermite: Kathleen Brady, Esmarelda Quinn, Lorraine Dubé, Florence DeCourville, Patricia Kennedy, Doris McCarthy. Miss Elsie Rail is now industrial nurse at the personnel department of the D.I.L. in Verdun. Miss Louise Shea is now industrial nurse at the Dominion Industries Limited, Ste. Therese.

The following marriages have recently taken place: Elizabeth Marjorie Tees to W. P. Shea; Rita O'Donnell (1941) to W.

Smith; Vera Bedford (1940) to Dr. McInerney; Catherine St. Onge to Lieut. W. King.

QUEBEC:

Jeffery Hale's Hospital:

The last monthly meeting of the Alumnae Association of Jeffery Hale's Hospital for the season was held recently, when Dr. Donald MacMillan gave an interesting address on anaesthesia.

In April, a refresher course for graduate nurses was started, consisting of 12 lectures, each followed by a demonstration class. The lectures include subjects of importance at the present time, and show the progress which has taken place in medicine and surgery in the last few years. The lectures are being given by doctors and instructresses of the hospital staff. They are well attended by graduates of the hospitals in Quebec City, and we hope that all will benefit greatly by them.

The V. A. D's, under the instruction of Mrs. Wilfred Rourke (1941), have successfully finished their six weeks of classroom work, and are now helping the nurses to care for the patients at the J.H.H. The V.A.D.'s were recently entertained at tea by the graduate staff. This gave them an opportunity to meet the ward supervisors under whom they are working.

Miss M. Jones (1942) is taking a post-graduate course in obstetrics at the maternity division of the Royal Victoria Hospital, Montreal. She is returning in June to be supervisor of the maternity floor at J.H.H. Mrs. J. Bowker (1942) is acting supervisor at present.

Married: Recently, Miss Norah Caroline Martin (1929) to Mr. Alexander M. MacDonald.

SASKATCHEWAN

SASKATOON:

Four hundred tea guests recently thronged the home of Mrs. G. R. Peterson in support of the British Nurses Relief Fund. A special guest was Miss Ida MacDonald, assistant professor of nursing education of the University of Minnesota School of Nursing.

Dr. and Mrs. Peterson graciously set out for display their valuable collection of antiques, carefully labelled for the visitors' information. A huge oil painting done in 1802, a fine collection of Baxter prints, Venetian glass, an old Dutch cupboard filled with pewter ware, and a set of beautifully carved Chippendale chairs were part of this interesting collection. Miss E. Howard and Miss Bateman assisted in receiving the guests. This delightful function was arranged under

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the direction of Miss M. Chisholm, chairman of the provincial committee for the British Nurses Relief Fund. Miss H. G. McConnell, Mrs. M. Rogers, Miss Beth Waddington, Mrs. J. Gibson, Miss M. Bohl, and Miss Jean Whiteford helped with the arrangements. The committee is pleased to forward to the British Nurses Relief Fund a sum of over three hundred dollars.

The annual meeting of the Saskatoon Registered Nurses Association was held recently, with the vice-president, Miss Dorothy Lemery, in the chair. Plans were made for a service to be held in St. John's Cathedral, following a request from Miss J. S. Wilson, executive secretary of the C.N.A., for participation in the nationwide Vesper Service.

The officers for the coming year are: President, Miss E. Fendley; first vice-president, Miss Bohl; second vice-president, Miss Tedford; secretary, Miss E. Hanna; treasurer, Miss M. Urton; honourary treasurer, Miss D. Duff; councillors: Miss K. W. Ellis, Miss L. J. Whiteford, Miss R. L. Smith, Miss M. Chisholm, Miss M. Finlayson, Miss E. Grant.

NEWFOUNDLAND

St. John's:

Coffee cans collected from pantry shelves are being pressed into service as containers for first aid materials—and schoolgirls are finding another way to help in their spare time. A workroom for the Volunteer Corps was provided at Government House. Miss Syretha Squires, Director of Nursing Services, came in to supervise the work. The W.P.A. did its bit by voting a fund for necessary purchases. Intended only as miniature first aid kits for emergency use in the home, the coffee cans in their new dress contain a little bit of everything that may be needed for minor injuries or burns, and a book of first aid instructions, all neatly wrapped and packed in the tin. The kits have been made up with very little expense. Linen, cleaned and sterilized by ironing, was used for bandages and dressings. The cups were made from paper, and the applications are merely toothpicks fitted with wadding-tips. Total cost per kit works out at approximately fifty cents.

At the annual meeting of the Newfoundland Graduate Nurses Association the work of the year was reviewed and the reports showed the Association to be in good standing. The election of officers for the ensuing year took place and the following were elected: President, Miss S. Squires; vice-president, Miss A. Bishop; secretary, Miss M. Lorenzen; assistant secretary, Miss D. Shea; treasurer, Miss S. Bartlett; assistant treasurer, Miss M. Holden; convener of entertainment committee, Miss E. Thomas.

Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

THE CANADIAN NURSES ASSOCIATION

President.................................... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.
Past President Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina, Sask.
First Vice-President........ Miss Elizabeth L. Smellie, Department of National Defence, Ottawa, Ont.
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Honourary Treasurer ....Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B.

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Numerals indicate office held*: (1) *President, Provincial Nurses Association*; (2)*Chairman, Hospital and School of Nursing Section*; (3) *Chairman, Public Health Section*; (4) *Chairman, General Nursing Section.

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Manitoba: (1) **Miss A. McKee,** V.O.N., Medical Arts Bldg., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss F. King, Ste. 1, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, St. Boniface Hospital, St. Boniface.

New Brunswick: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marion Myers, Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Miss M. Jenkins, The Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Building, Halifax; (4) Miss G. Porter, 115 South Park St., Halifax.

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District 8

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District 9

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District 10

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Saskatchewan Registered Nurses Association (Incorporated 1917)

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Regina Registered Nurses Association

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Alumnae Associations

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A.A., Calgary General Hospital, Calgary

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A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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A.A., Vegreville General Hospital, Vegreville

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A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital, Vancouver

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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A.A., Winnipeg General Hospital, Winnipeg

Hon. Pres., Mrs. A. W. Moody; Pres., Miss I. McDiarmid; First Vice-Pres., Miss C. Lethbridge; Sec. Vice-Pres., Miss T. Wiggins; Third Vice-Pres., Miss E. Wilson; Rec. Sec., Miss J. Smith; Corr. Sec., Miss T. Fredrickson, 630 Maryland St.; Treas., Miss F. Stratton; *Committee Conveners*: *Program*, Mrs. W. H. Anderson; *Membership*, Miss B. V. Seeman; *Visiting*, Mrs. J. F. Page; *Journal*, Mrs. W. G. Beaton; *School of Nursing*, Miss G. Hall; *The Canadian Nurse*, Miss H. Smith; *Central Directory*, Miss A. Howard; *Archivist*, Miss M. Stewart; *Jubilee*, Miss P. Bonner; *Council of Women*, Miss M. McGilvray; *Council of Social Agencies*, Miss B. McClung.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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A.A., L. P. Fisher Memorial Hospital, Woodstock

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A.A., Glace Bay General Hospital, Glace Bay

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A.A., Halifax Infirmary, Halifax

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A.A., Victoria General Hospital, Halifax

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ONTARIO

A.A., Belleville General Hospital, Belleville

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A.A., Brantford General Hospital, Brantford

Hon. Pres., Miss E. McKee; Pres., Mrs. S. Barber; Vice-Pres., Mrs. A. Grierson; Sec., Miss I. Feely, General Hospital; Treas., Miss J. Rousell; *Committee Conveners*: *Social*, Mrs. G. Thompson, Miss M. Robertson; *Flower*, Misses N. Yardley, R. Moffat; *Gift*, Misses K. Charnley, H. Muir; *Reps.* to: *The Canadian Nurse & Press*, Miss M. Copeland; *Private Duty Section*, Miss E. Scott; *Local Council of Women*, Mmes W. Riddolls, A. Mizon, R. Smith; *Red Cross*, Miss E. Lewis.

A.A., Brockville General Hospital, Brockville

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A.A., Public General Hospital, Chatham

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A.A., St. Joseph's Hospital, Chatham

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A.A., Cornwall General Hospital, Cornwall

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A.A., Guelph General Hospital, Guelph

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A.A., St. Joseph's Hospital, Guelph

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A.A., Hamilton General Hospital, Hamilton

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A.A., St. Joseph's Hospital, Hamilton

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A.A., Kitchener and Waterloo General Hospital, Kitchener

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A.A., St. Mary's Hospital, Kitchener

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A.A., Ontario Hospital, London

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A.A., St. Joseph's Hospital, London

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A.A., Orillia Soldiers' Memorial Hospital, Orillia

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A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

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A.A., Ottawa Civic Hospital, Ottawa

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A.A., Ottawa General Hospital, Ottawa

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A.A., St. Luke's Hospital, Ottawa

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